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ABSTRACT

This Kids Count report examines statewide trends from 1990 to 1994 in the well-being of Massachusetts' children. The statistical portrait is based on indicators of well-being in five areas: (1) economic well-being of children and their families, including child poverty rate, family income, job loss, earnings of male high school dropouts and graduates, employed women with children, licensed day care slots, Public Assistance Program recipients, and job training opportunities; (2) family life including births to unmarried women, teen birth rates, children's living arrangements, and substitute care; (3) health outcomes, including teen births, prenatal care adequacy, low birthweight infants, premature births, infant mortality rate, uninsured residents, and Medicaid-eligible children not receiving early and periodic screening, diagnosis, and treatment (EPSDT) services; (4) education outcomes, including students whose first language is not English, grade retention, suspension rates, special education students, and high school dropout rates; and (5) safety and security figures, including injury-related deaths of children 19 and under, juvenile offenses, and numbers of maltreated children. Findings indicate a growing disparity between white children and children of color, and between rich and poor, in almost every indicator of well-being. Despite a history of progressive policy, recent trends suggest an erosion of the relative status of Massachusetts' children. Included with the report is a Citizen Action Kit, which provides information on the impact of federal budget cuts and welfare reform, computer resources, and a Call to Action. (KDFB)

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Massachusetts KIDS COUNT 1994

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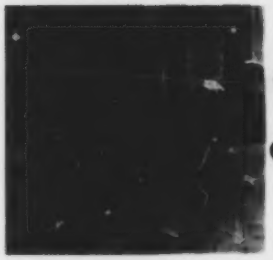

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Data Notes

1. Unless indicated otherwise, the data contained in this report is drawn from **Massachusetts Children and Youth: A Status Report**, which is being prepared by the Massachusetts Department of Public Health based on U.S. Census Bureau data and other published documents. The choice of data presented herein was made solely by the authors.

2. Unless otherwise noted, in the figure headings the term children means those under 18 years of age.

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ALL OUR CHILDREN: THE MASSACHUSETTS AGENDA, of which **Massachusetts KIDS COUNT 1994** is a part, is a collaborative effort of three independent, private, nonprofit, statewide organizations.

The **Massachusetts Advocacy Center** is now in its third decade. It employs a multi-strategic approach to representing children's interests before state and local governmental bodies which formulate, legislate, regulate, administer, and otherwise shape public policies affecting children and their families and communities.

The **Massachusetts Committee for Children and Youth** was organized in 1959 to advocate on behalf of the state's most vulnerable children through legal, legislative, and administrative channels. It evaluates services, researches unmet needs, links groups and individuals around common agendas, and educates the public about critical issues affecting children. MCCY is the state chapter of the National Committee to Prevent Child Abuse.

The **Massachusetts Councils for Children** was recently formed in response to state actions in 1991 which dismembered the 20-year-old Massachusetts Office for Children and defunded its local, citizen-based Councils for Children. Its goal is to help keep alive these critical foundations for child advocacy across the Commonwealth.

Additional copies of this report may be ordered by sending a check for $12.00 (includes postage and handling) payable to:

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FOREWORD

***Massachusetts KIDS COUNT 1994** is part of a four-year data analysis, community organizing, and advocacy project known as ALL OUR CHILDREN: THE MASSACHUSETTS AGENDA. A collaborative effort initiated by the Massachusetts Advocacy Center, the Massachusetts Committee for Children and Youth, and the Massachusetts Councils for Children, ALL OUR CHILDREN is a strategy to create an annual action plan that is grounded in data, respectful of diversity, inclusive of all community sectors, and committed to concrete improvements in the quality of life for all children in the Commonwealth. Supported by grants from the Annie E. Casey Foundation and The Boston Foundation, this initiative has already achieved several goals.*

***First**, the most comprehensive sourcebook of data ever compiled on our state's children is now being prepared by the Massachusetts Department of Public Health (DPH). Volume I of **Massachusetts Children and Youth: A Status Report** brings together statewide information about every aspect of children's lives. Volume II describes selective data according to 27 regional areas, and by city and town. With initial support from the Casey Foundation, the Department has now developed the capacity to update this important data on an ongoing basis.*

***Second**, this **Massachusetts KIDS COUNT 1994** report, derived largely from Volume I of the DPH sourcebook, is a compilation of data which highlights the **most** telling and compelling facts about the social, economic, physical, and educational well-being of children in our state. It is meant to be a succinct, accessible document, providing a meaningful portrait of what the data says about the lives of children. Intended for both policymakers and citizens, this report seeks to challenge a number of popularly held myths about children's status, and to enrich local and state discussion about ways to improve their life chances.*

***Third**, an independent and broad-based CHILDREN'S ADVOCACY BOARD (CAB) has been created that brings together experts in critical areas affecting children with leaders from academia, business, citizen groups, communities of color, elder advocates, the media, service providers, religious organizations, and youth groups. The CAB's goal is to create a powerful, effective, and well-organized constituency committed to social change for children across Massachusetts.*

***Fourth**, the **Massachusetts Agenda for Children**, developed by the CHILDREN'S ADVOCACY BOARD, binds together data with action, and embraces a vision for children in which four basic areas are addressed: economic security; community-based family support services; quality and equality in education; and provision of health care entitlements. Members of the CAB, individually and through their state and local constituencies, will work to implement the **Agenda** through administrative negotiations, legislative advocacy, and public education. Finally, a plan to expand the grassroots constituency for children through the efforts of the Massachusetts Councils for Children and media/public education strategies aimed at putting our issues squarely on the public agenda have also been developed. These include a "Convention on Children" planned for 1995 to evaluate our progress, refine strategies for change, and celebrate the growing constituency for children.*

*Clearly, we are embarked on a bold, ambitious, and idealistic course, but it is a necessary one given the documented decline in the relative status of Massachusetts children since 1990. We challenge all citizens of our state to join with us now in collective actions to ensure better lives **and** futures for **all our children**.*

ALL OUR CHILDREN: THE MASSACHUSETTS AGENDA
September 1994

INTRODUCTION

"Many Americans share broad and deep hopes of a land where every child born has a decent opportunity for education, medical care, and employment, where poverty is a thing of the past...We cannot stand idly by and expect our dreams to come true under their own power. The future is not a gift; it is an achievement."

Robert F. Kennedy

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All our children have enormous potential, and each and every one of them deserves to grow up in a decent, supportive, and nurturing environment in which their dreams **can** become real.

We are in this together. They are all our children. Not just those in the inner city, or those with a different skin color, or who speak a foreign language, or have a disability, or who are less educated, or poor. For our own as well as our children's sake, together we must face key facts and work to improve their lives.

There are many more poor white children in Massachusetts than any other race. There are more white women on welfare; more white teenage mothers; more white young people with drug and alcohol problems; more white girls and boys with sexually transmitted diseases; and more white youth who turn violence on themselves in suicide.

But we must also recognize and overcome the intense needs of minority groups in our society. Hispanics do have the highest teen pregnancy rates in Massachusetts. Blacks do have the highest rate of infant mortality. Blacks and Hispanics have a higher poverty rate than whites, and their children grow up in poverty disproportionately.

What we describe in the following pages is a sobering picture of the status of children in the Commonwealth of Massachusetts. The data in this report document a growing disparity between white children and children of color, and between rich and poor, in almost every indicator of child well-being. That this disparity is already well-known to both policymakers and the public – and that inaction and indifference continue – is alarming.

On some issues, Massachusetts does rank comparatively well in relation to other states. While that is commendable, it should provide no satisfaction and no justification for complacency. We may rank better than other states, but lower than Third World countries. Although all races and ethnic groups may have progressed, we still have unacceptable disparities among minority and white children in too many areas. And overall, despite a history of progressive policy on their behalf, recent years have seen an erosion in the relative status of children in our state. Once a national model for its approach to children's services, Massachusetts has fallen from first to tenth place in the national **KIDS COUNT** project rankings.

In some areas, like nutrition for low-income pregnant women, nursing mothers, and young children, the Commonwealth has made a commitment to care for all – and we have achieved great progress. We *can* make changes and improve conditions, if we want to. We *can* make government, and our society, work for all of us, including *all* our children.

This **Massachusetts KIDS COUNT 1994** report analyzes disturbing and preventable trends of deterioration in the status of young people. Information is drawn from a variety of public documents and the comprehensive DPH sourcebook, **Massachusetts Children and Youth: A Status Report**, which presents for the first time a complete picture of the conditions of Massachusetts children. It should be of use to policymakers, legislators, the media, and the general public, who together must provide a better environment for all children in this "Commonwealth."

Here, we want to focus the public's attention on discrete indicators showing how much work needs to be done. We believe our state has the means to address these issues. We hope this report and the complementary **Massachusetts Agenda for Children** will help create the commitment to make the future brighter, more secure, and full of promise for our youngest residents. Indeed, we **must** do this. To fail would be to deny the legacy of concern that has characterized Massachusetts from its very beginnings.

DEMOGRAPHICS

"All families today need and use support in raising children; to define the 'needy' family as the exception is to deny the simplest facts of contemporary family life."

The Carnegie Council on Children

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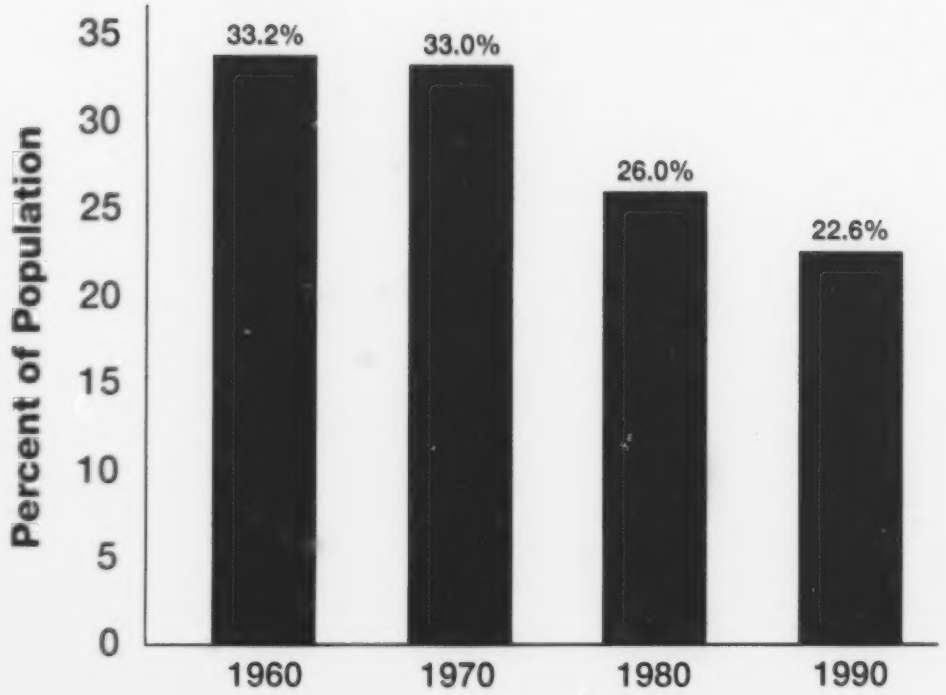
Who **are** all our children? Within Massachusetts the overall population is increasingly older, with fewer children. We are also a more diverse community, especially among children. And within each ethnic group, there are many different national heritages.

The number of children under age 18 in the Commonwealth has decreased from 1,875,764 to 1,361,021 since 1970 – a 27.4% decline.

Massachusetts Children 1960-1990

Children as Percent of Population

The proportion of children in Massachusetts has decreased from 33.2% of the overall population in 1960 to 22.6% in 1990, a decline of 31.9%.



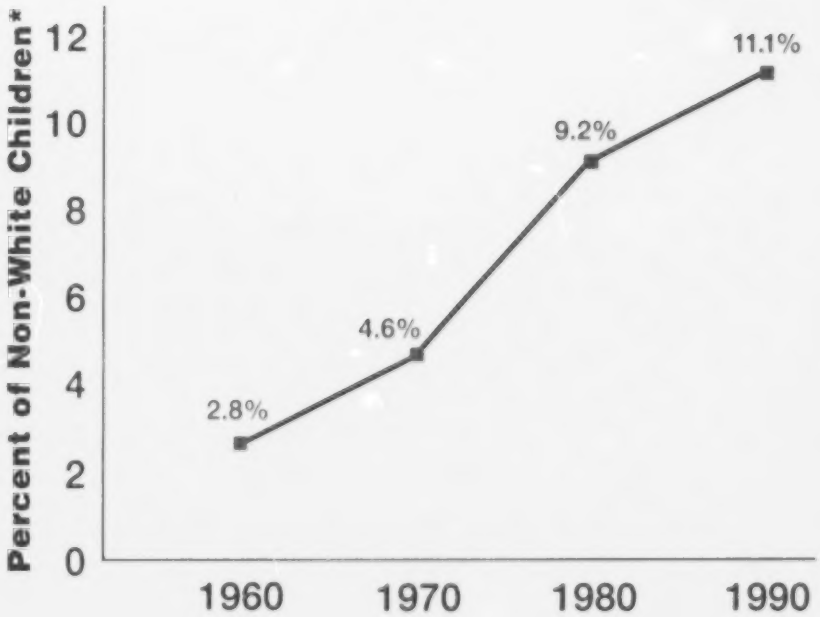
Children by Age and Race/Ethnicity

In 1990, over four-fifths of children under age 18 were white. Of the 17.5% of children who were not white, 7.9% were Hispanic; 6.3% were black; and 3% were Asian. Demonstrating the increasing racial and ethnic diversity among children in the Commonwealth, the highest percent of non-white children was among infants less than 1 year (19.6%), and lowest among 18-19 year olds (16%).

	White	Hispanic*	Black	Asian/Pacific Islander	Native American
Total Number of Childen in Massachusetts	1,122,754 82.5%	108,059 7.9%	86,236 6.3%	41,022 3%	2,950 0.2%

* Hispanic persons may be of any race
Data: 1990

The diversity of our population is increasing significantly. The proportion of non-white children has grown from 2.8% in 1960 to 11.1% in 1990.



*This trend data does not count Hispanic children as non-white.

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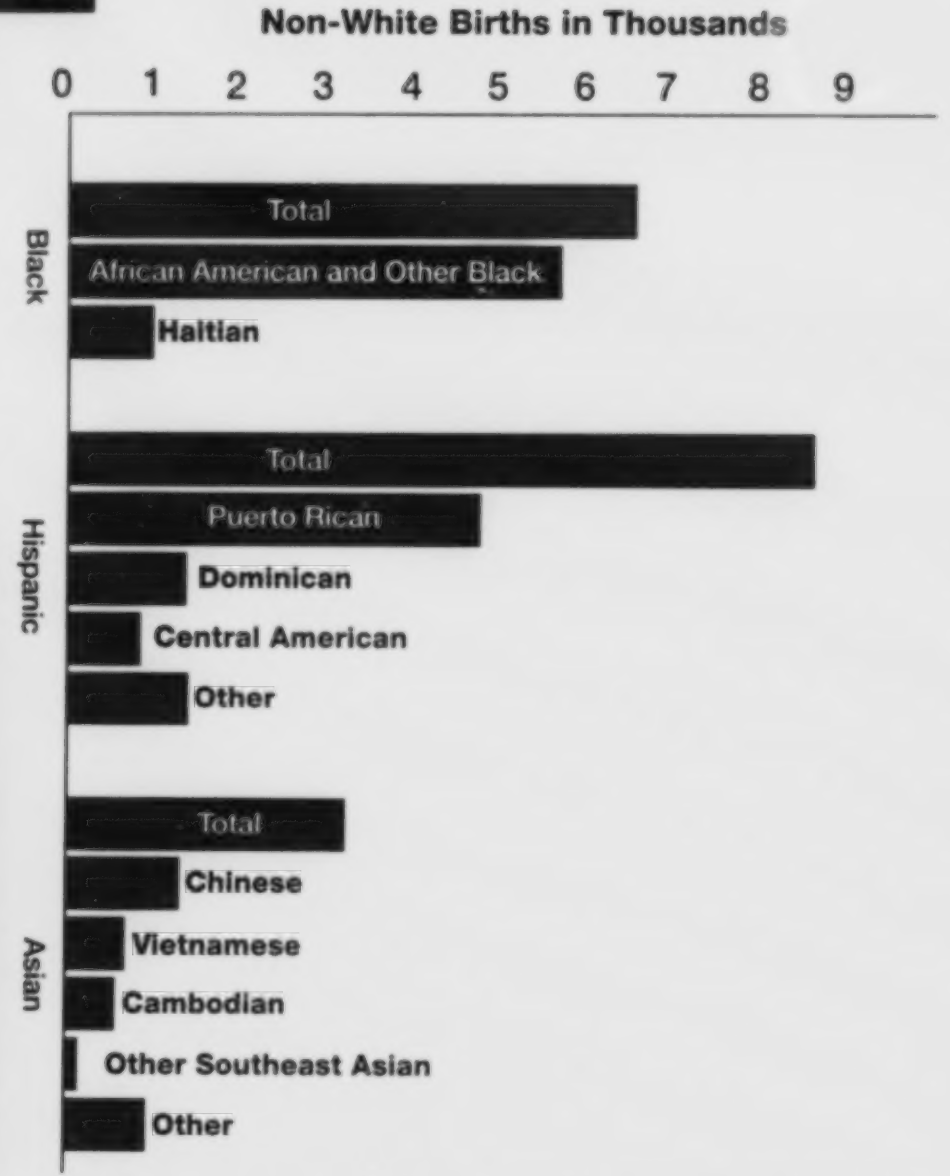
Non-White Births by Race/Ethnicity

Birth data shows some of the diversity within groups: "Black" people include African Americans and Haitians; "Hispanic" people are Puerto Rican, Dominican, and Central American; and "Asians" include Chinese, Vietnamese, Cambodians, and others from Southeast Asia.



Source: Massachusetts Department of Public Health, Advance Data: Births, 1992.

ECONOMIC WELL-BEING

"As the 1980s came to an end, the United States was confronted with a worrisome paradox: despite the largest economic expansion in the nation's history, the relative economic position of children had never been worse."

Paul H. Wise, M.D., M.P. H.

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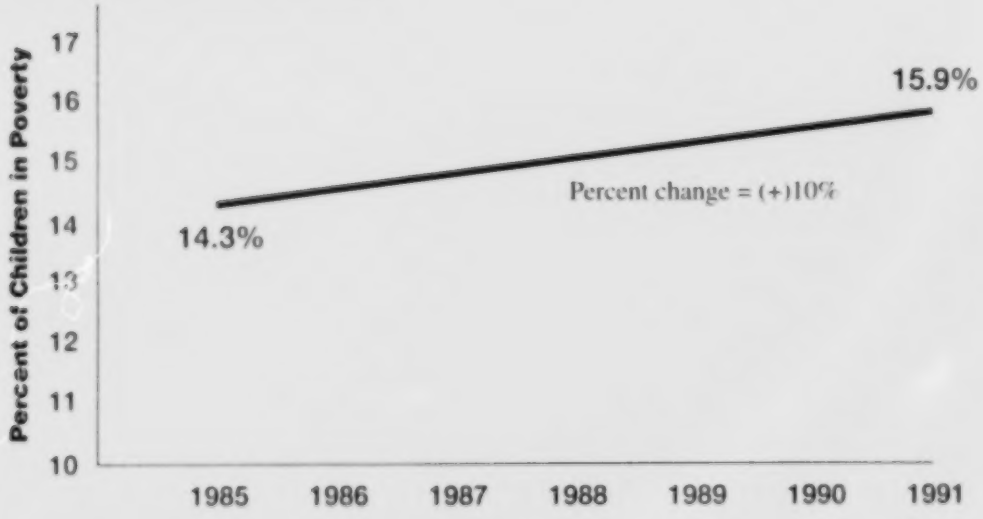
How do our children live? For far too many, poorly. And poverty rates vary dramatically. More white children, but a significantly higher proportion of black and Hispanic children, are poor. Moreover, even during the years of greatest economic growth in the Commonwealth, the gap between rich and poor families increased. To fully understand the economic environment in which our children live, we need to look to the world in which their parents work.

Over the past six years, Massachusetts lost many jobs; only recently have a few been regained. Wages have declined markedly during the past decade – especially for under-educated high school dropouts, and even for high school graduates. In sum, there are fewer jobs today than in 1988, and without some post-secondary education or technical training, the jobs that do exist are not attainable – or pay poorly.

More women, both married and single, are entering the labor force. Even though many of them are poor and have very young children, the supply of subsidized day care, job training, and Adult Basic Education (ABE) and English as a Second Language (ESL) programs has not kept pace with the need. During the recession, the state's welfare 'safety net' had to help sustain greater numbers of needy families. For parents in such circumstances to raise themselves and their children out of poverty will require a significant increase in the education and training opportunities available to them.

Child Poverty in Massachusetts

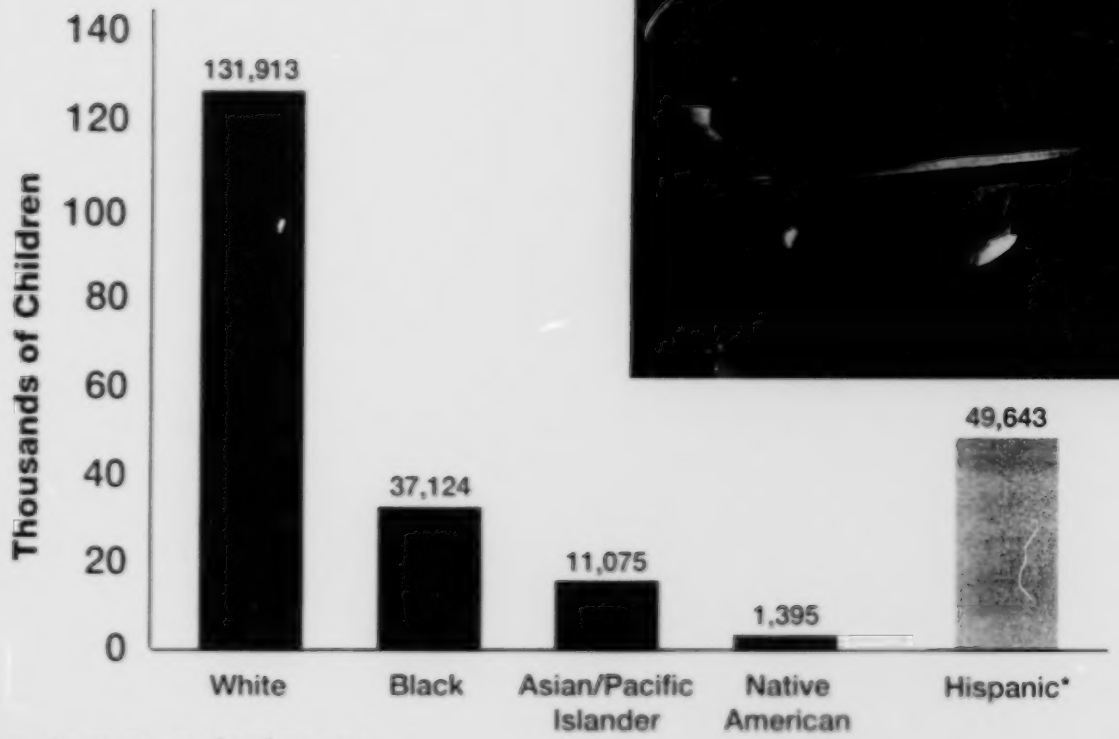
The poverty rate for Massachusetts children increased by more than 10% from 1985 to 1991.



Source: National **KIDS COUNT Data Book**, 1994.

Poor Children by Race/Ethnicity

In 1989, 181,507 children under 18 lived in poverty – representing 13.6% of all children in Massachusetts. There were three times as many poor white as poor black children. Distributed among these racial categories were 49,643 Hispanic children who may be of any race.

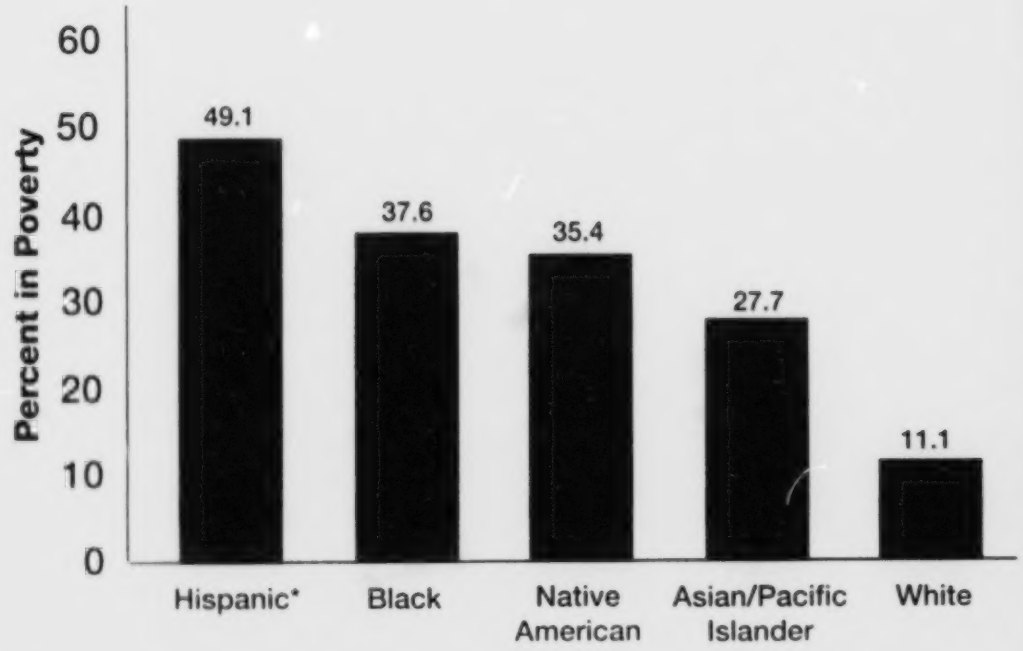


*Hispanic persons may be of any race

Data: 1989

Percent of Poor Children within Race/Ethnicity

Minority children experience much higher poverty rates: nearly one out of every two Hispanic children, over one out of every three black children, and one out of every four Asian children, were poor in 1989; by comparison, only one out of every nine white children was poor.

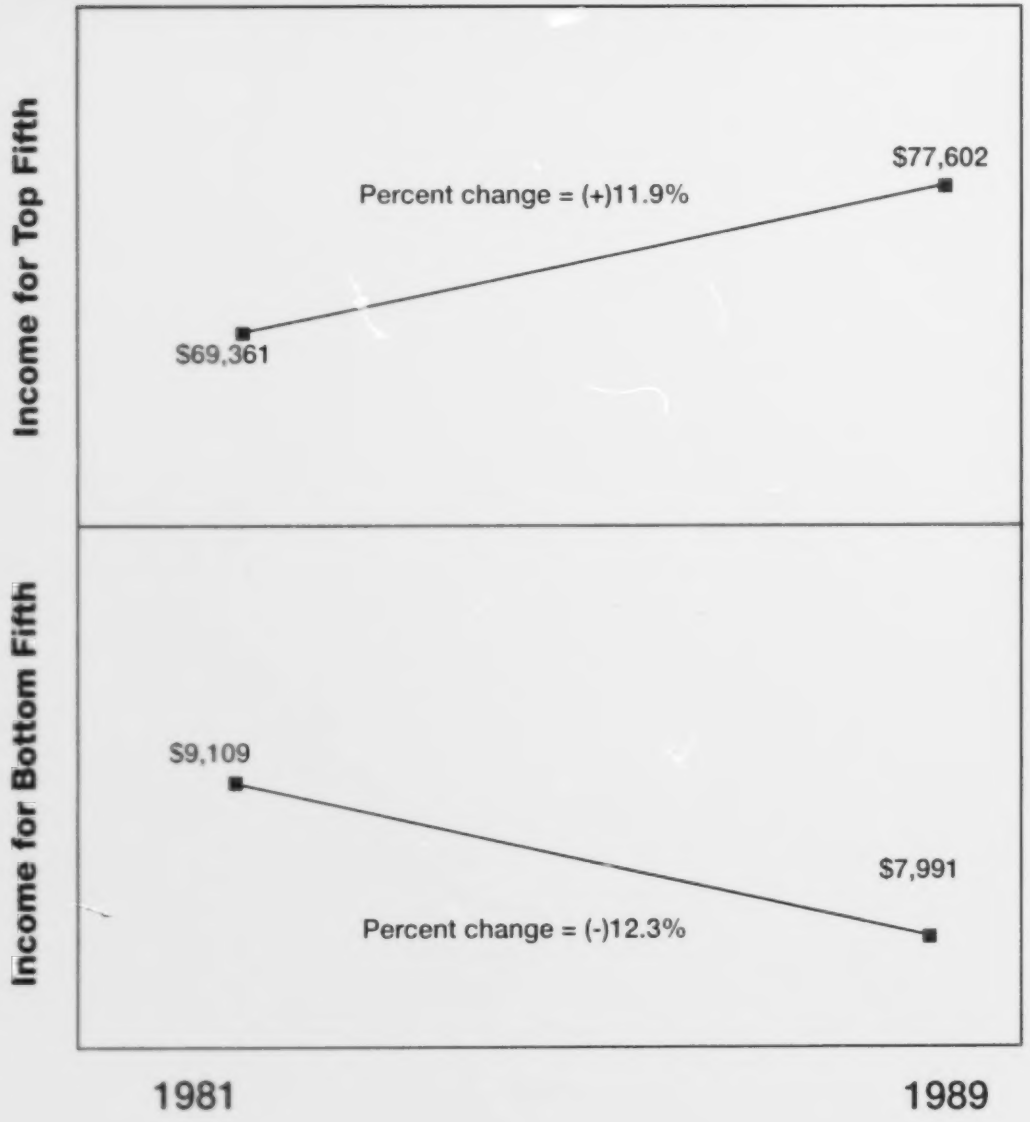


*Hispanic persons may be of any race

Data: 1989

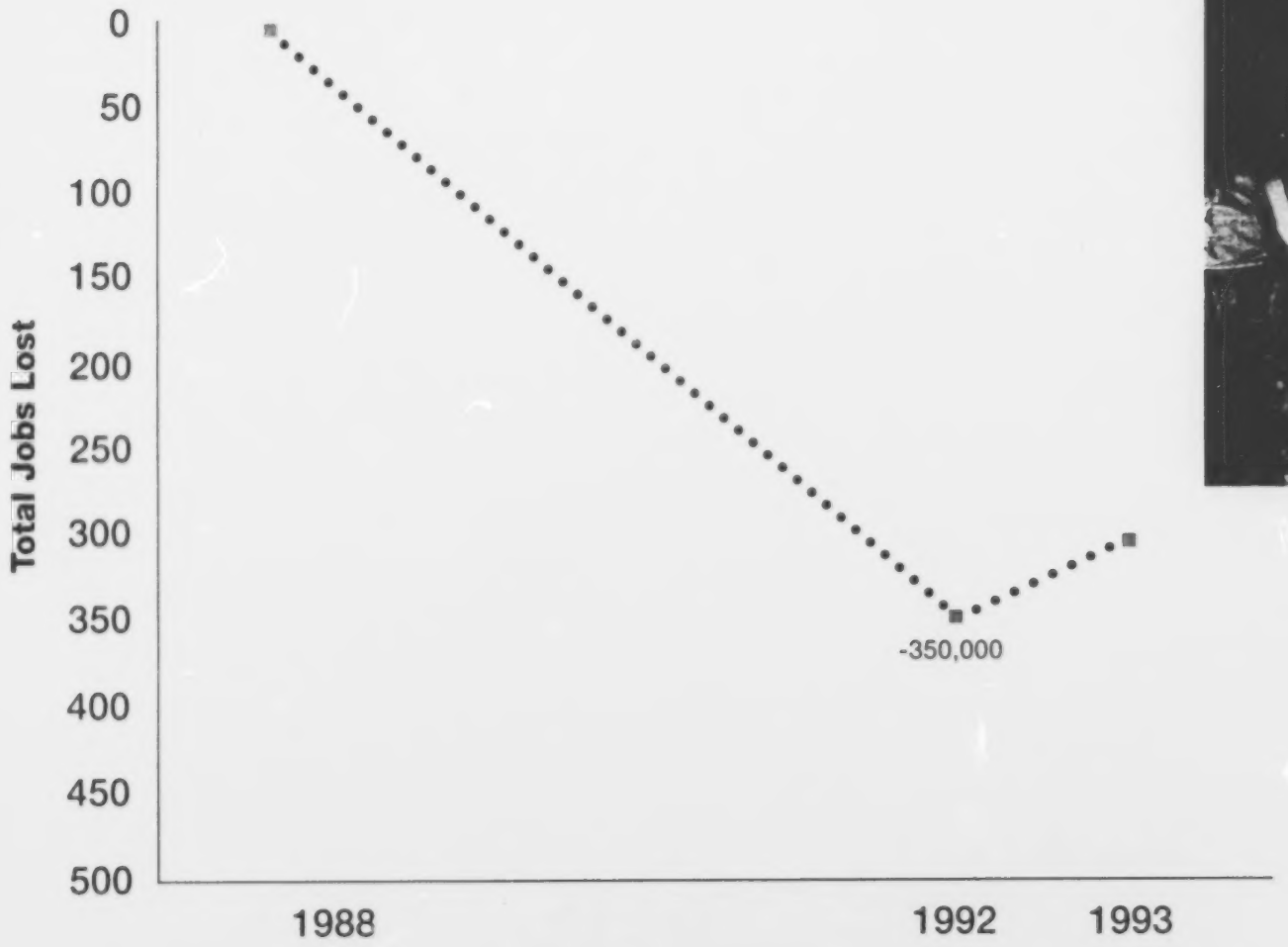
Income of Families with Children

The income gap between rich and poor families in Massachusetts grew significantly during the "boom" years of the 1980s.



Jobs Lost in Massachusetts

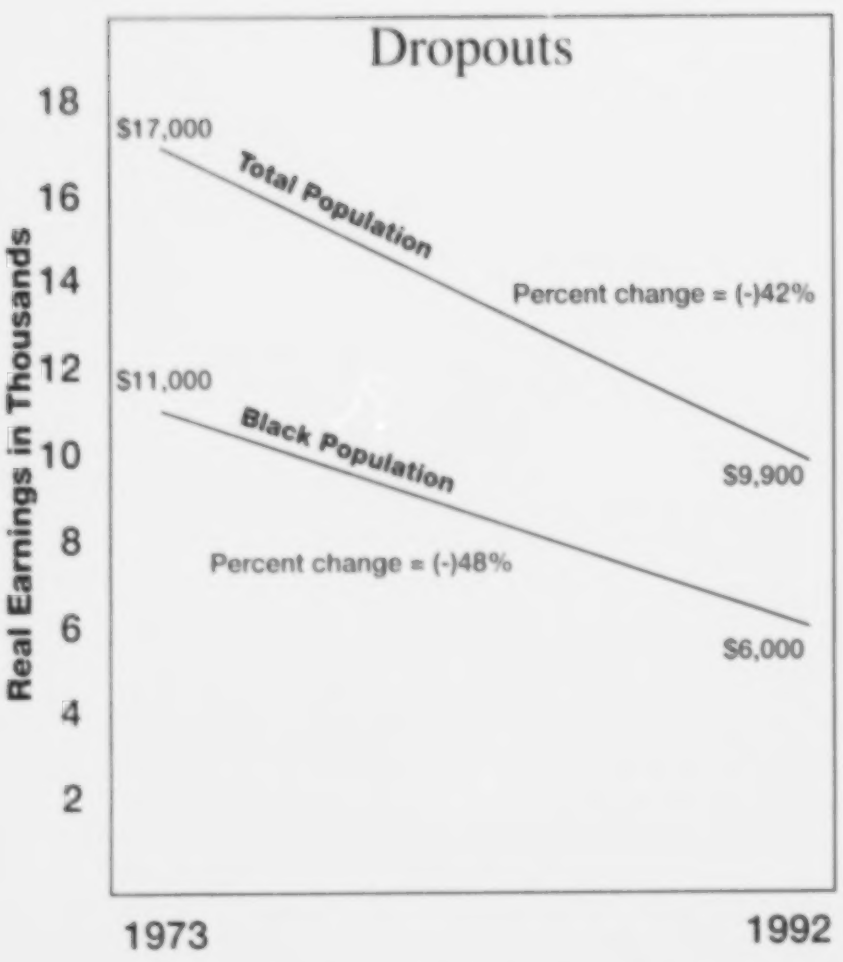
From 1988 to 1992, annual average employment was reduced by nearly 350,000 jobs; from 1992 to 1993, less than 50,000 positions were gained – most of which were part-time or low-paying service sector jobs.

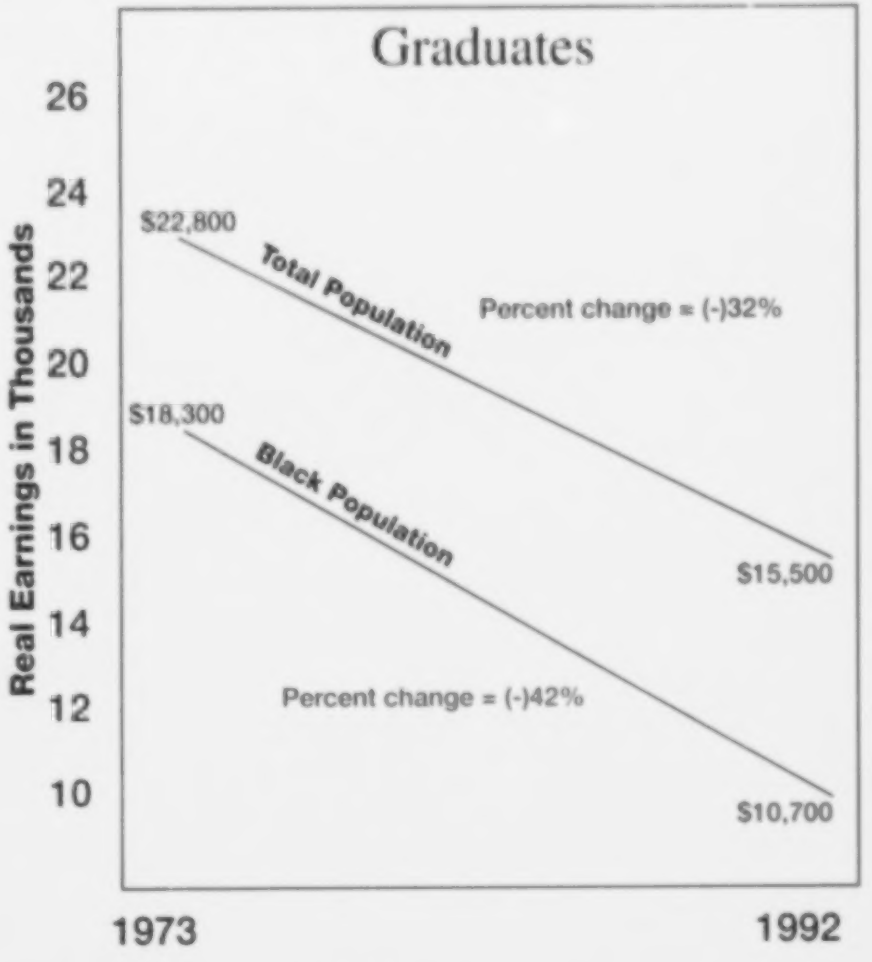


Sources: Massachusetts Department of Employment and Training, Annual Average Employment by Industry Sector: Massachusetts 1988 and 1992; and Massachusetts 1992 and 1993.

Declining Earnings for Male High School Dropouts and Graduates

Mean real earnings in constant dollars for both young male dropouts and high school graduates have declined drastically over the past two decades; for young black males, the situation is even worse.

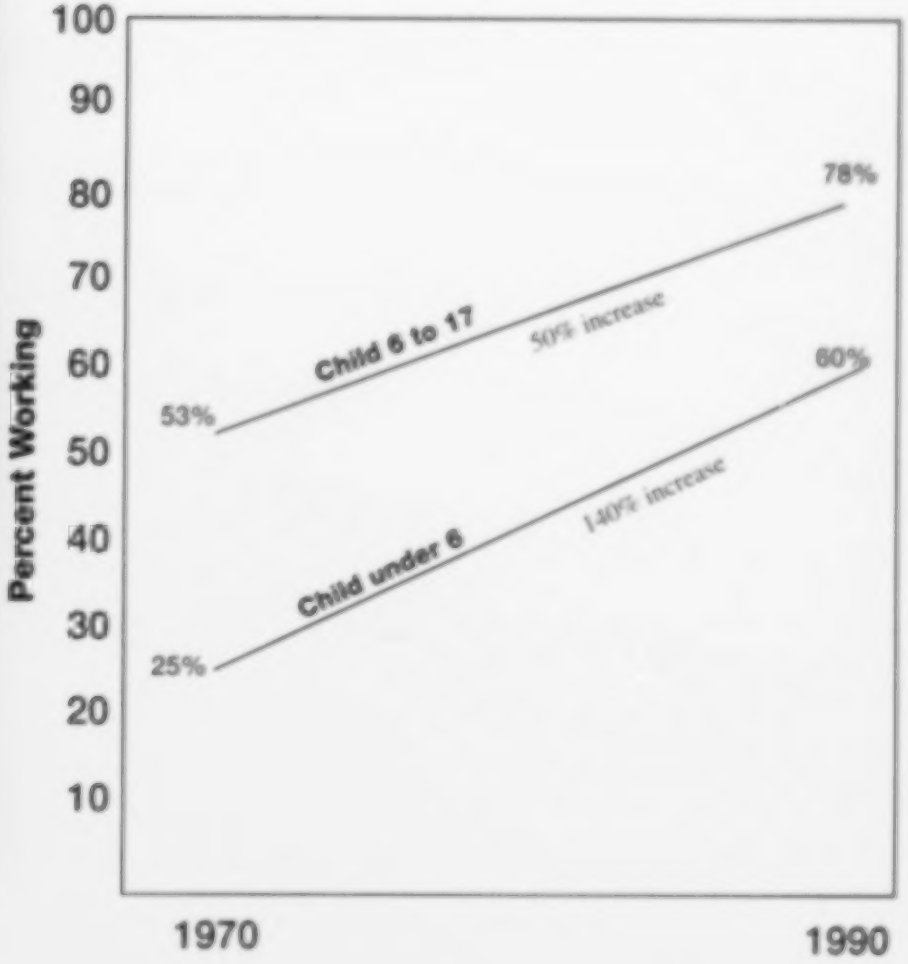




Source: Learning to Compete, Action Plan for a School-to-Work System in the Commonwealth of Massachusetts, 1994.

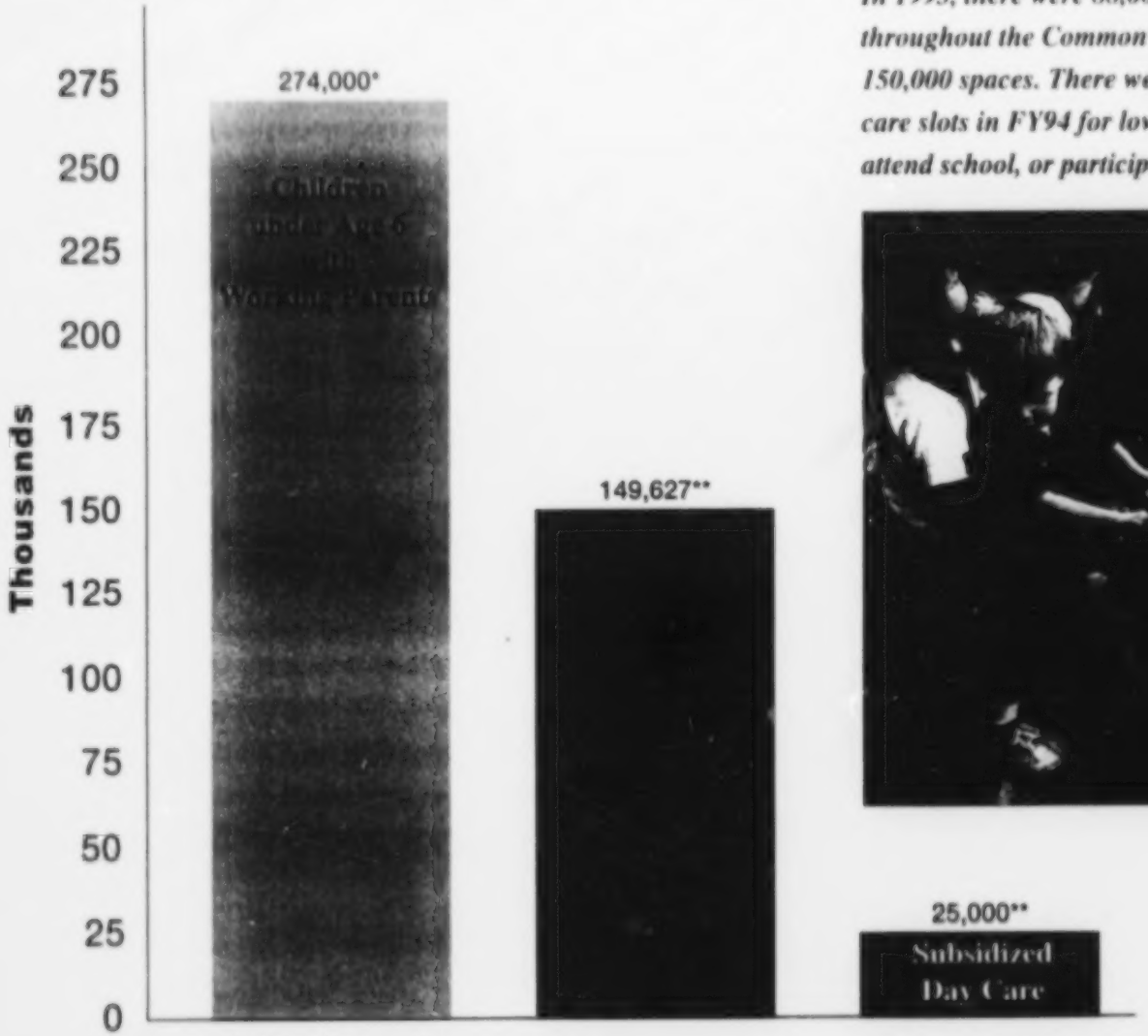
Women with Children in the Labor Force

The proportion of women with children under age six who are in the labor force has increased nearly 140% from 1970 to 1990; the proportion with children ages 6 to 17 increased nearly 50%.



Young Children with Working Parents versus Licensed Child Care

In 1990, nearly 274,000 children under six years old had both or their only parent in the labor force.



Data: *1990; **1993

In 1993, there were 88,000 group and 61,000 family day care slots throughout the Commonwealth, for a combined total of only about 150,000 spaces. There were less than 25,000 total subsidized day care slots in FY94 for low-income children whose parents work, attend school, or participate in job training.

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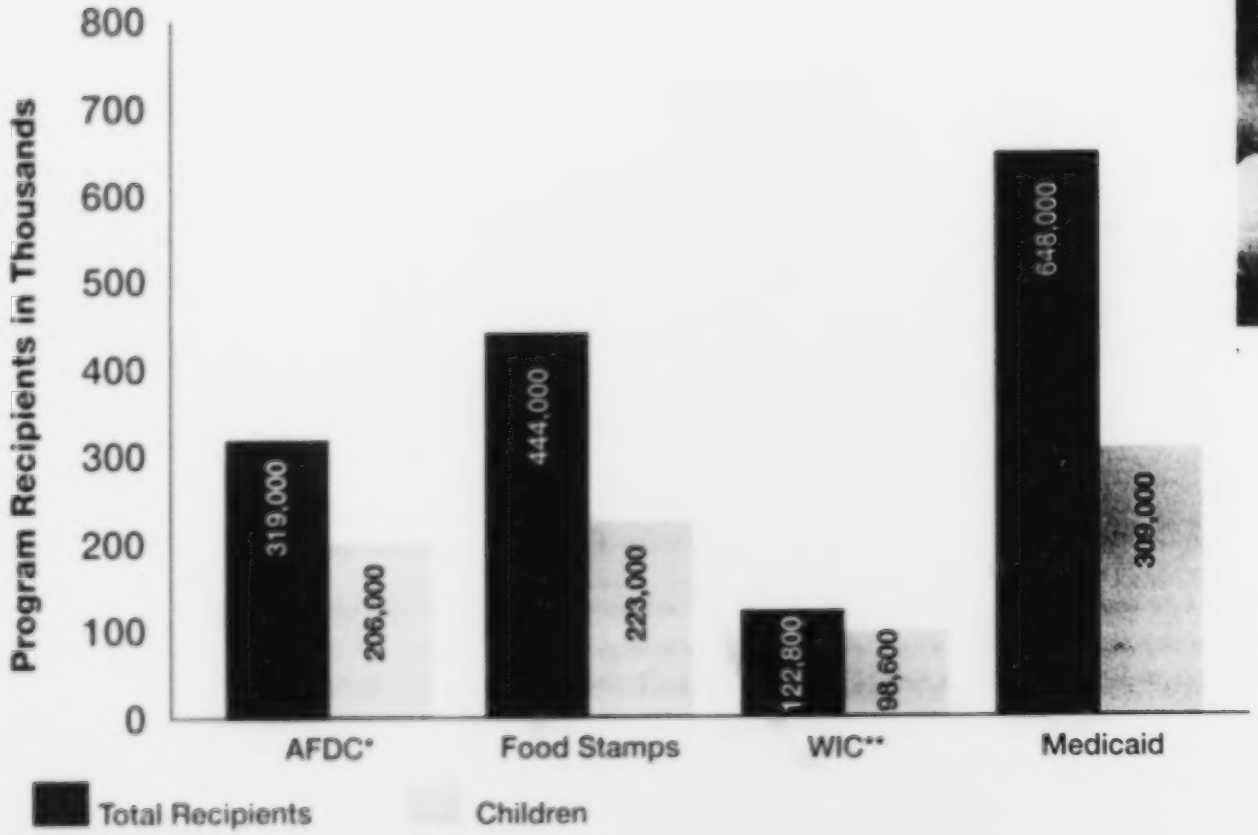
Public Assistance Program Recipients

With the decline in the economy, more and more children and their mothers require a variety of public welfare programs to survive.



*Aid to Families with Dependent Children

**Special Supplemental Food Program for Women, Infants, and Children

Data: 1993

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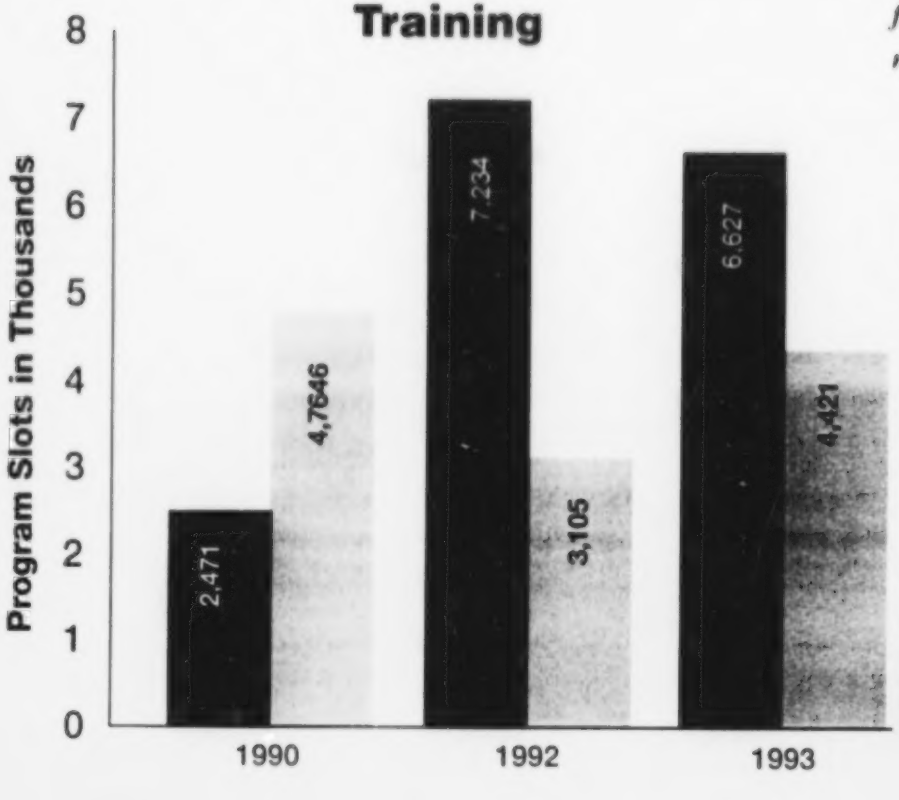
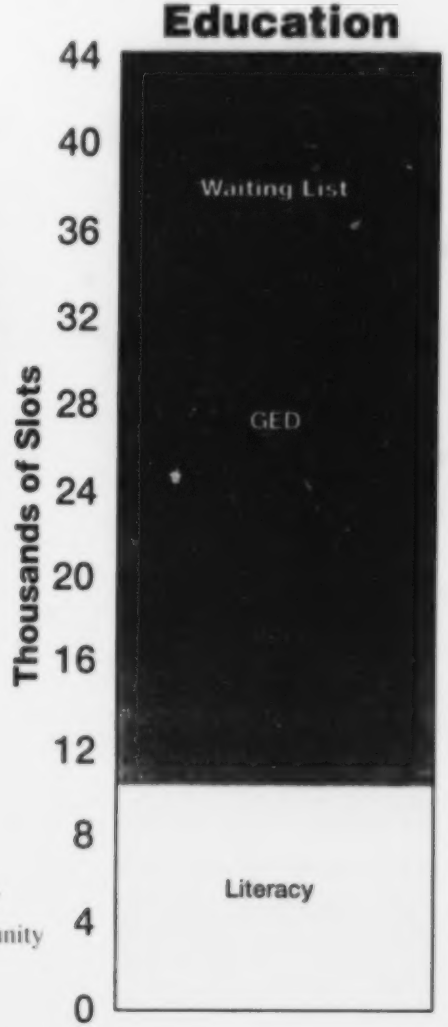
Occupational Training, Basic Education and ESL Slots

There are still relatively few opportunities for poor men and women to get the basic education and occupational training they need to prepare for the jobs that can raise them and their children out of poverty. And nearly 14,000 people are waiting for adult basic education.





Training
Sources: Massachusetts Department of Employment and Training, Annual Report of Occupational Information, 1990; MASSJOBS Council, FY92 and FY93 Integrated Budget reports.

Education
Source: Massachusetts Department of Education, Adult and Community Learning Services, 1994.

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FAMILY & HOME

"At our best level of existence, we are part of a family, and at our highest level of achievement, we work to keep the family alive."

Maya Angelou

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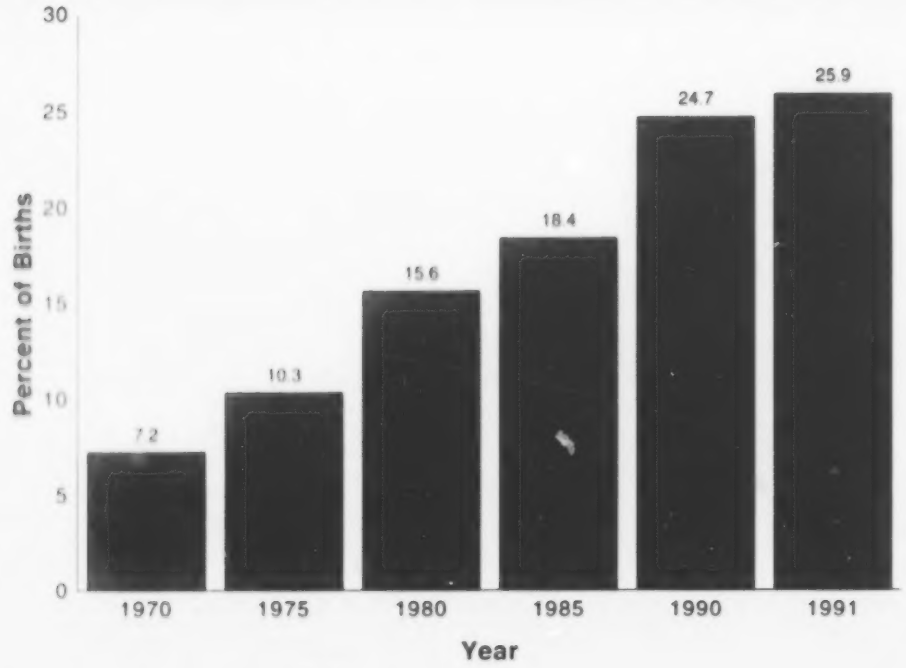
Who are the parents of our children? Family circumstances significantly shape both the environment in which children grow up, and – ultimately – their life chances. Teenagers, parents who are not married, and those who are under-educated are often unable to provide for their own or their children's basic physical and emotional needs. Although some eventually overcome the obstacles of early and/or single parenthood through later education and employment opportunities, children in such families are often at a disadvantage during critical phases of their development.

Children living in single-parent families, particularly those headed by women, are at a much greater risk of being poor than those living with two parents. Even single parents who are economically secure face special challenges raising children. And too many Massachusetts children do not live with either of their parents. All of these factors are far-reaching and deep, affecting children's health, behavior, academic achievement, and – most importantly – their capacity to envision a better future.

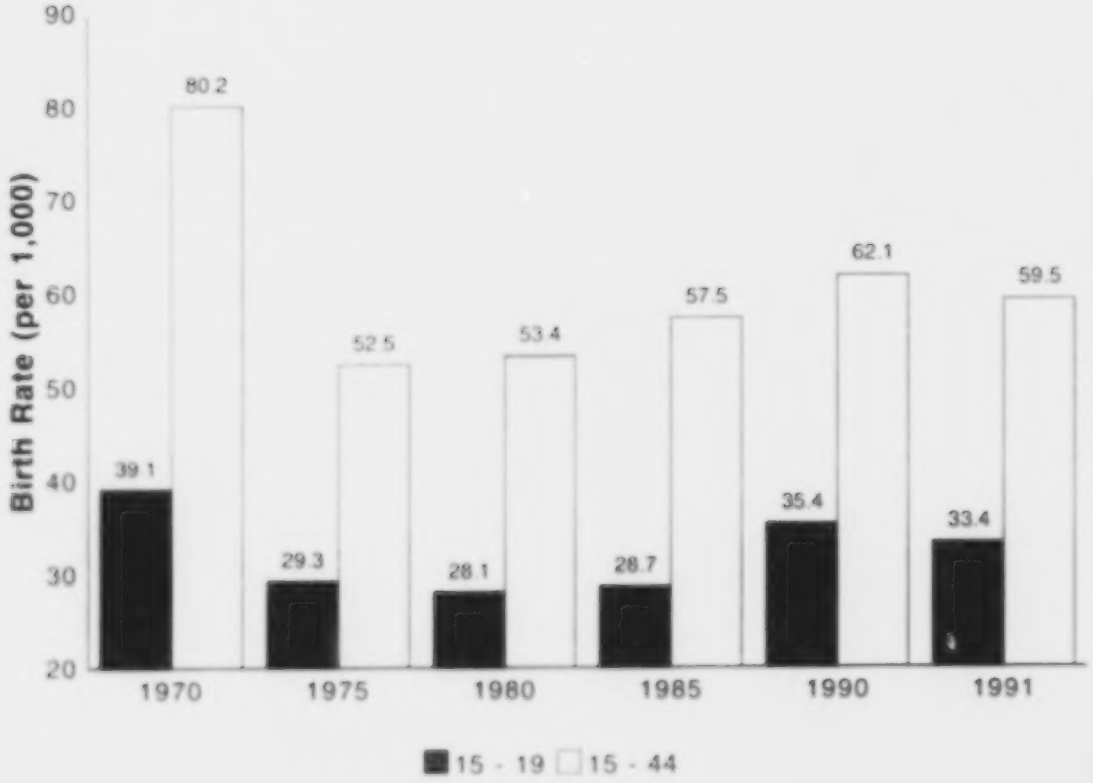
Births to Unmarried Women in Massachusetts



One of every four births in Massachusetts in 1991 was to an unmarried mother, a remarkable increase of 260% since 1970. Contrary to public perception, however, most of the growth in the number of births to unmarried mothers was attributable to women over 20 years old.

Birth Rates for Women Ages 15-19 and 15-44

Of all births in the Commonwealth in 1991, only 8% were to women ages 15-19. The Massachusetts teen birth rate declined 14.6% from 1970 to 1991, to 33.4 births per 1,000 teenage women – nearly half the national teen birth rate (62 per 1,000).



Births by Age and Race/Ethnicity

More than three-quarters of all infants born in 1991 were white; nearly 10% were Hispanic; 7.6% were black; and 3.7% were Asian. Over half the infants born to teenage mothers (under 20) were white; a quarter were Hispanic; 15.1% were black; and less than 3% were Asian.

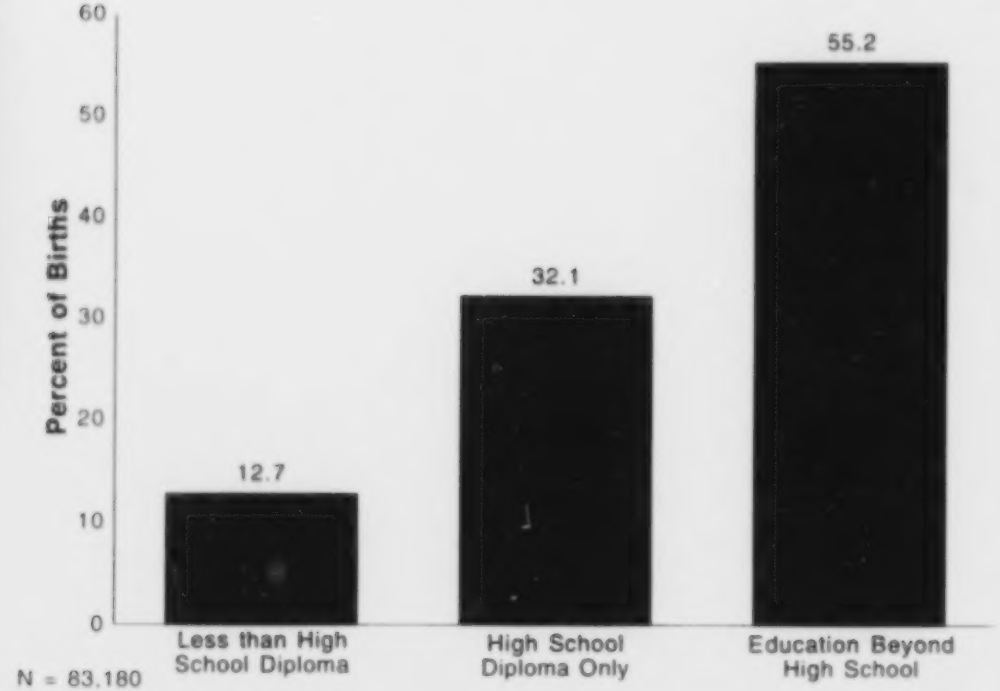
Race/Ethnicity	Births to Teenagers				TOTAL Births	
	< 18 years		< 20 years			
	N	%	N	%	N	%
White*	1,217	46.0	3,836	54.7	68,596	77.8
Black*	451	17.1	1,059	15.1	6,734	7.6
Hispanic	836	31.6	1,769	25.2	8,476	9.6
Asian*	77	2.9	194	2.8	3,289	3.7
Other*	58	2.2	145	2.1	943	1.1
Unknown	4	—	11	0.1	138	0.2
TOTAL	2,643	100.0	7,014	100.0	88,176	100.0

*non-Hispanic

Data: 1991

Births to Women by Education

Only about half of babies born to women age 19 and older had mothers with any education beyond high school; 32.1% had mothers with a high school diploma; and 12.7% had mothers who did not even graduate from high school. Among babies born to women age 18 or under, 32% had mothers who had completed less than the tenth grade.



Data: 1991

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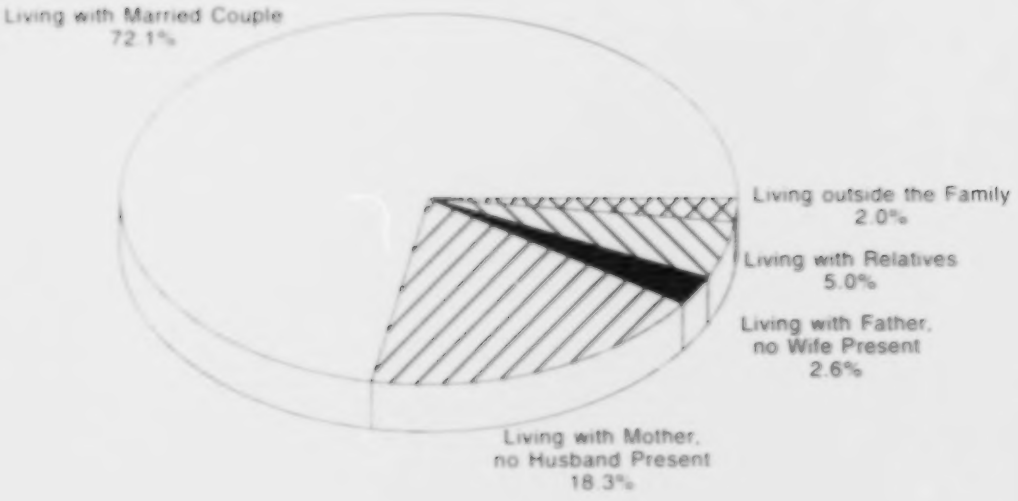
Living Arrangements of Children

In 1990, more than one in five children lived in a single-parent family; according to the 1994 national KIDS COUNT Data Book, in 1991 this figure was one in four. Of the approximately 284,000 children living in single-parent families in 1990, 88% lived with their mothers, and 12% with their fathers – a 95.5% increase in the latter since 1970. An estimated 41,923 children under age 18 were not living with either parent, an increase of 74.4% since 1970.



N = 1,361,021

Data: 1991

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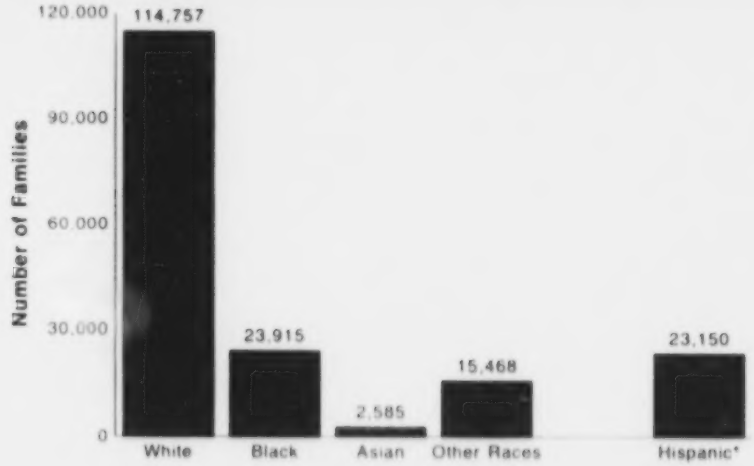
Female-Headed Families with Children

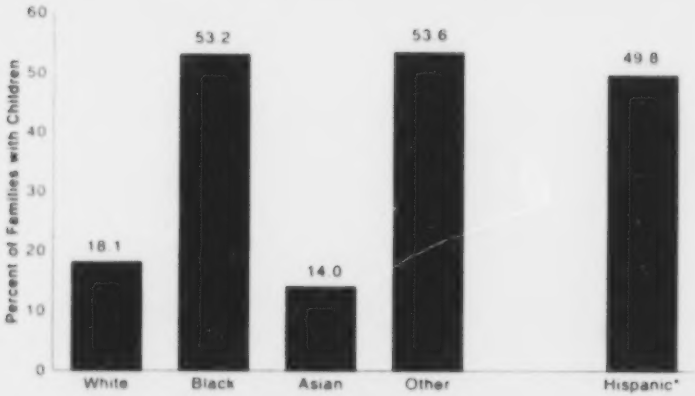


*Hispanic persons may be of any race
N = 156,725

Data: 1990

Almost three-quarters of female-headed families with children under age 18 were white; 15.3% were black; 1.6% were Asian; and 9.9% were of other races.

Percent of Female-Headed Families with Children within Race

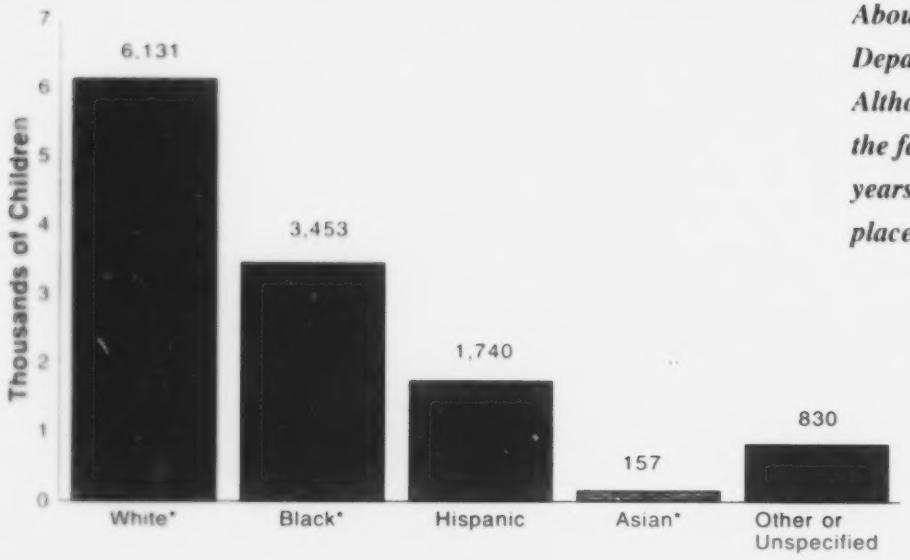


* Hispanic persons may be of any race
N = 725,173

Data: 1990

While only 18.1% of all white families were female-headed, 53.2% of all black families and 49.8% of all Hispanic families were headed by single women.

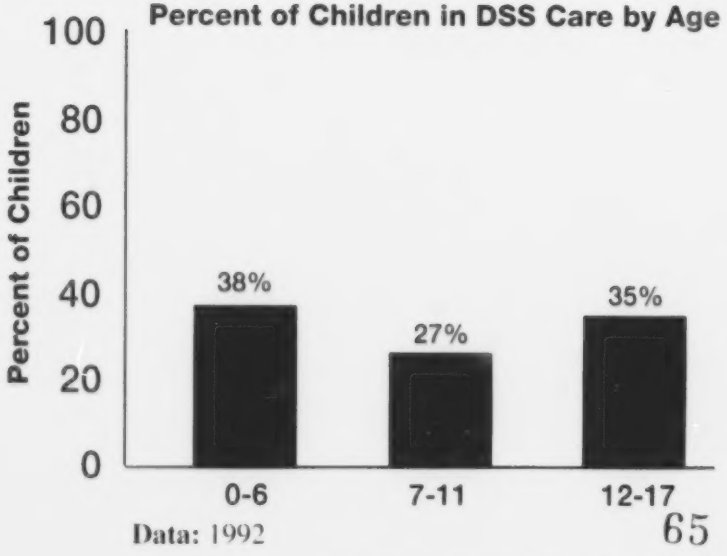
Children in Substitute Care by Race/Ethnicity and Age



N = 12,311
* non-Hispanic

Data: 1992

About 12,300 Massachusetts children under age 18 were in Department of Social Services (DSS) substitute care in July 1992. Although adolescents (ages 12-17) constituted the largest group – 38%, the fastest growing age group in substitute care were children under 6 years old – 35%. The median length of time children spent in DSS placement was 1.9 years, a 27% increase since 1988.



Data: 1992

HEALTH

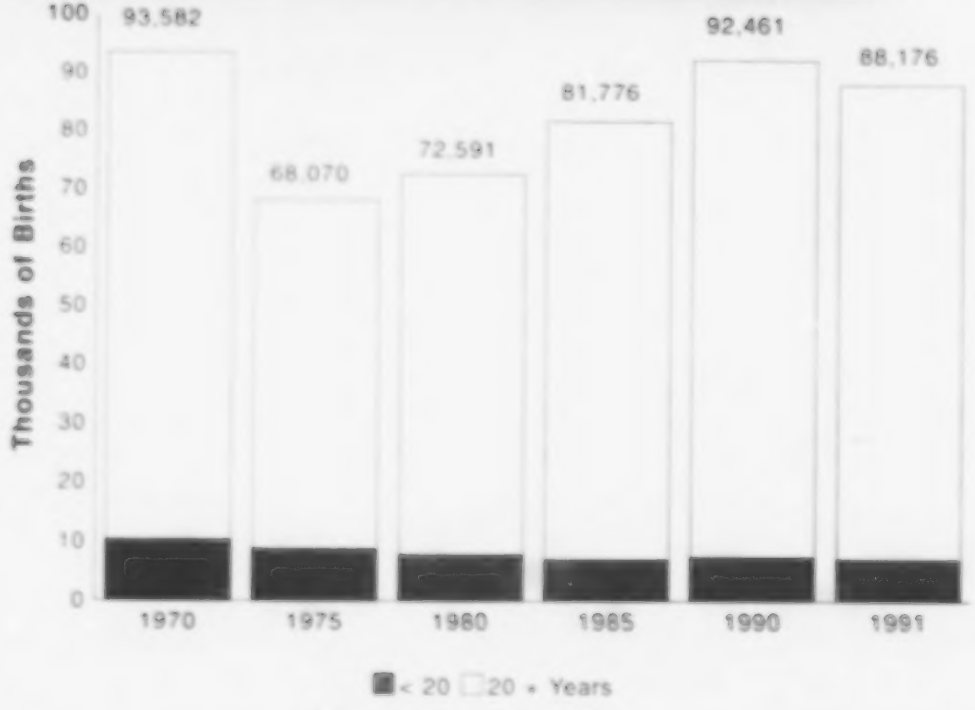
30 *All Our Children*

"All children deserve to grow up healthy, not blind, deaf, anemic, humiliated by rotten teeth, handicapped by preventable diseases, or born with birth defects because their mothers lacked prenatal care."

Marian Wright Edelman

Over 1.7 million babies were born in Massachusetts between 1970 and 1991. Fortunately for all of us, the majority of them had a healthy start. However, a significant number suffered infant mortality, prematurity, and low birthweight. While some tragedies are not avoidable, in many cases both lives and dollars spent on expensive after-the-fact high technology might have been saved had lower cost, primary health care measures been in place.

Massachusetts Births by Mother's Age



The foundation for infant and childhood health is established before a woman even conceives. If she begins a pregnancy in good health and continues to get proper attention, the chances for her newborn are greatly enhanced. But if she is in poor health because of poverty and/or because she has not had access to the health care system, her baby could be at risk as well. In order to give all our children equal opportunity to be born healthy, we need to ensure the availability of adequate community health networks for all women.

All women also need early and ongoing comprehensive, coordinated, and culturally-sensitive prenatal care between conception and delivery, and all children need similarly appropriate health services from birth on.

A variety of highly effective preventive public health programs have been developed at both the federal and state levels which recognize society's interest in ensuring maternal and child health, but they are neither universally available to all who need them, nor do they systematically reach even all of those to whom benefits have been targeted. The result has been a penny-wise, pound-foolish approach which too often ignores potential long-term health problems which could have either been prevented altogether or detected and treated early, before they became chronic and were passed on to the next generation.

In 1991, 88,176 babies were born to Massachusetts residents, a 5.8% decline since 1970. Less recognized, the number of teen births (to women under age 20) declined even more dramatically, 31.6% over the same time period – almost five and a half times as much as the decrease in the overall birth rate.

Adequacy of Prenatal Care

In 1991, 2,835 infants were born in Massachusetts to mothers who received inadequate – or no – prenatal care. While only 2.1% of white women fell into this category, 10% of black, 6.4% of Hispanic, and 4.9% of Asian women received inadequate or no prenatal care.

Maternal Race/Ethnicity and Age	Adequacy of Prenatal Care					
	Adequate Care		Intermediate Care		Inadequate Care or No Care	
	N*	%	N*	%	N*	%
White** 20+ years	56,298	87.2	7,126	11.0	1,139	1.8
< 20 years	2,482	65.0	1,062	27.8	272	7.1
Black** 20+ years	3,628	64.3	1,480	26.2	539	9.5
< 20 years	509	48.4	409	38.9	134	12.7
Hispanic 20+ years	4,643	69.8	1,598	24.0	409	6.2
< 20 years	1,053	60.4	566	32.5	124	7.1
Asian** 20+ years	2,260	73.2	693	22.4	135	4.4
< 20 years	79	40.9	89	46.1	25	13.0
Other** 20+ years	511	65.0	225	28.6	50	6.4
< 20 years	80	55.2	57	39.3	8	5.5
TOTAL 20+ years	67,340	83.4	11,122	13.8	2,272	2.8
< 20 years	4,203	60.5	2,183	31.4	563	8.1

*Births with known adequacy, maternal race, and age: N = 87,687

** non-Hispanic

Data: 1991

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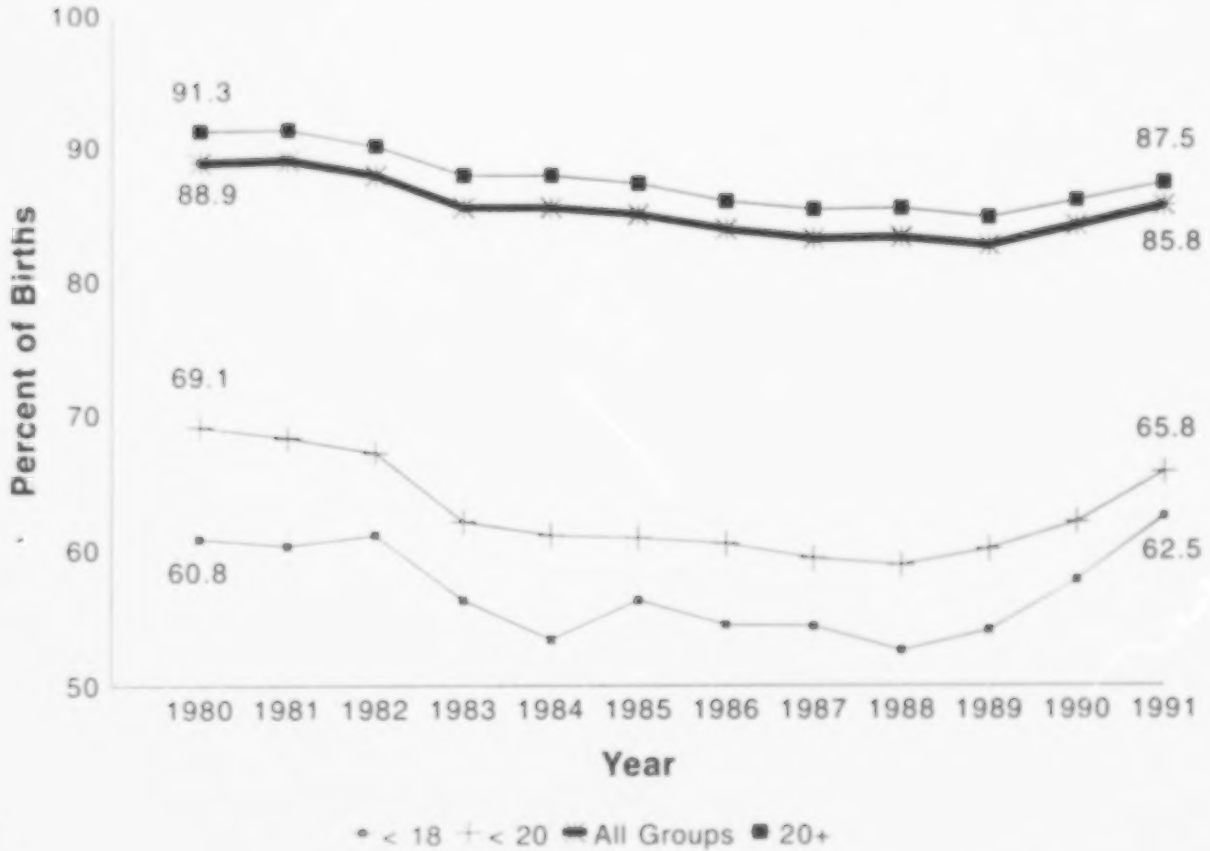
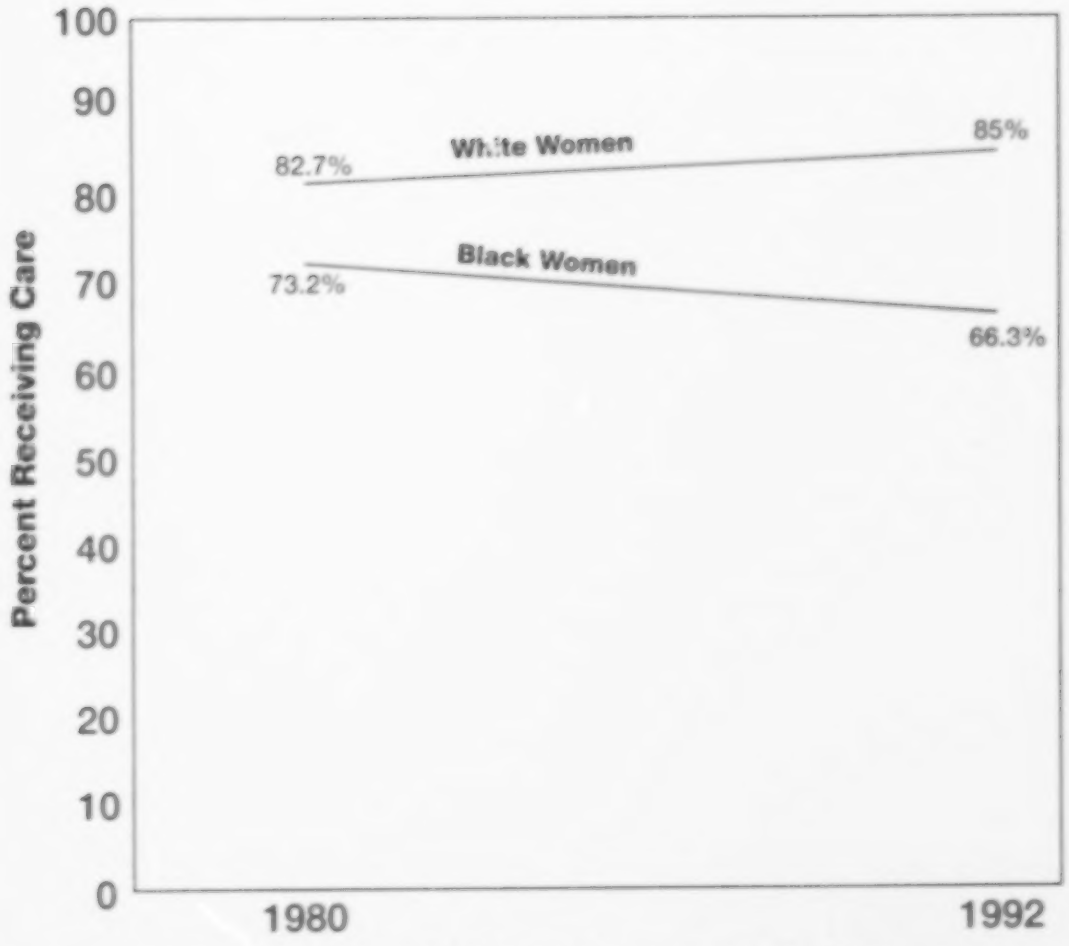
Percent of Births with First Trimester Prenatal Care

Overall, the percentage of women who received prenatal care in their first trimester has declined, from 88.9% in 1980 to 85.8% in 1991. Women under 20 years old were substantially less likely to receive early prenatal care; of this age group, only 69.1% did in 1980, and only 65.8% in 1991.



Trends in Adequacy of Prenatal Care

The percentage of white women receiving adequate prenatal care increased from 82.7% in 1980 to 85% in 1992; the percentage of black women receiving adequate prenatal care declined from 73.2% to 66.3% during the same time period.



Source: Massachusetts Department of Public Health, Advance Data: Births, 1992.

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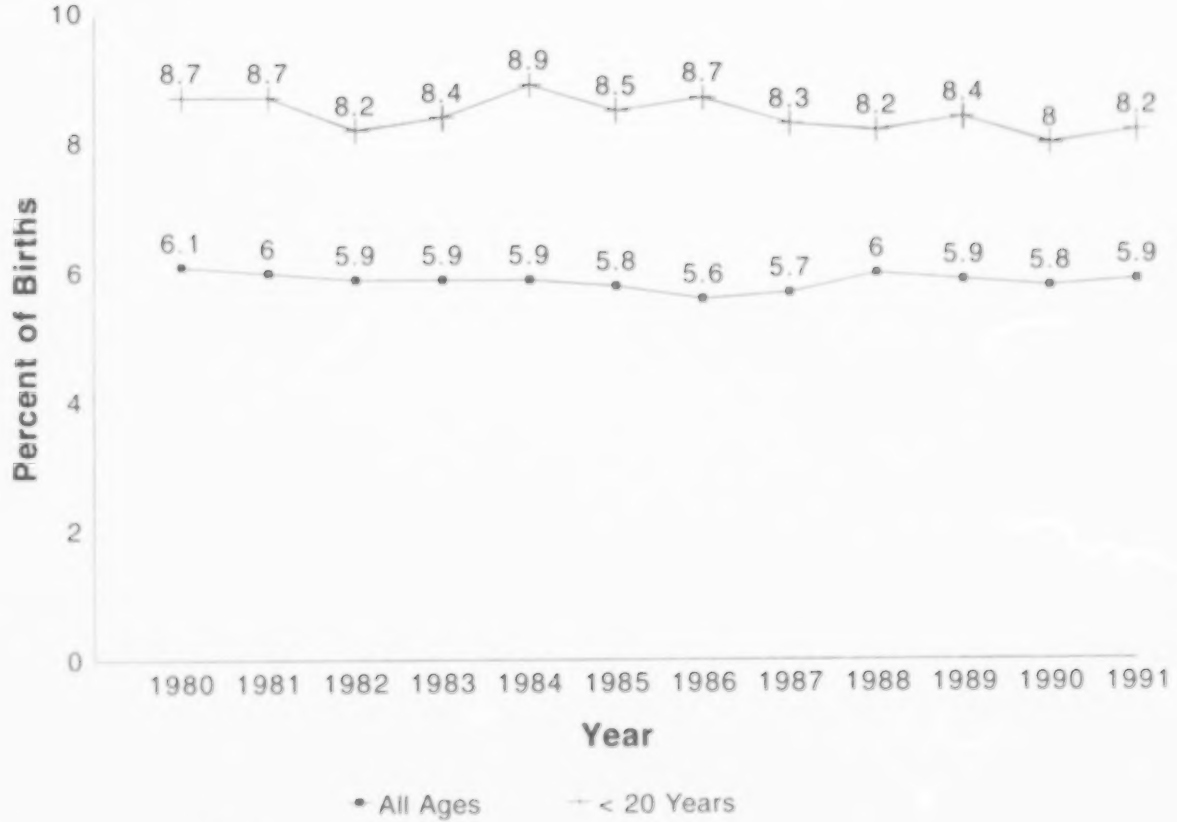
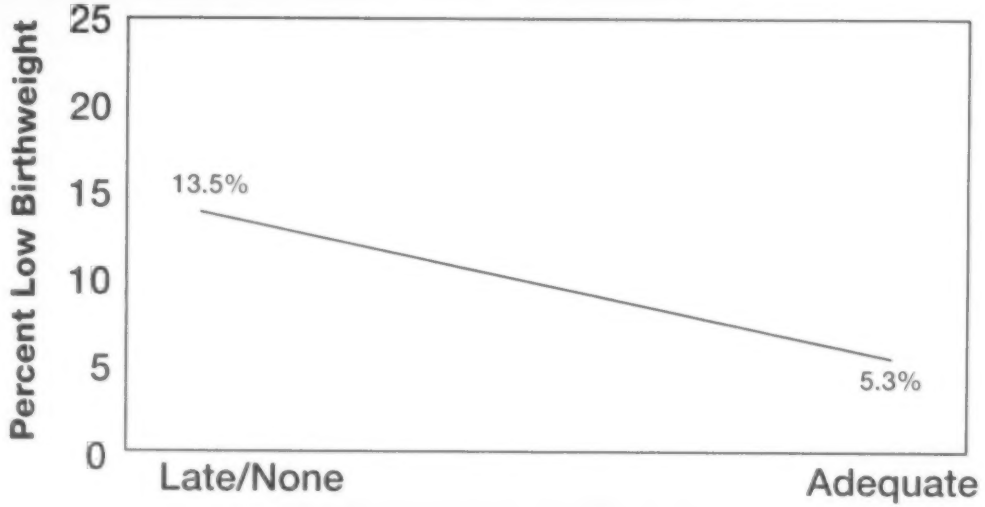
Percent of Low Birthweight Infants by Mother's Age

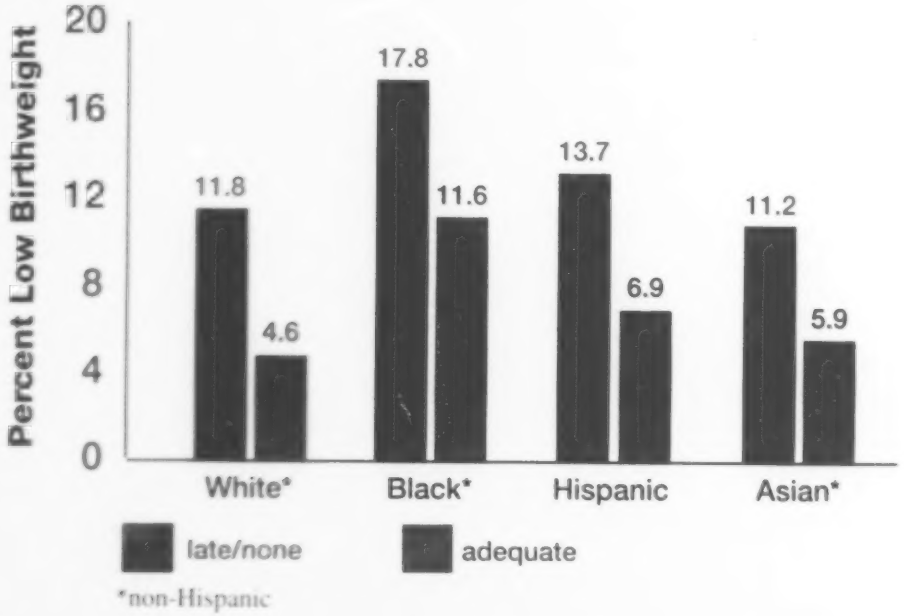
Low birthweight is defined as less than 2,500 grams (5.5 pounds), and puts infants at increased risk for mortality as well as for a variety of acute and chronic medical conditions. In 1991, 5,200 low birthweight babies were born in Massachusetts – representing 5.9% of all births; but 8.2% of births to teen mothers, about 40% higher than the average for all ages.



Low Birthweight by Level of Prenatal Care and Race/Ethnicity

The percentage of low birthweight deliveries declines with increased adequacy of prenatal care. Among women who received late or no prenatal care, 13.5% of babies born in 1992 were low birthweight. In contrast, only 5.3% of women who received adequate prenatal care delivered low birthweight babies. However, in all categories of prenatal care adequacy, black women had the highest percentages of low birthweight infants – 17.8% of those with late or no care, and 11.6% of those with adequate care.





Source: Massachusetts Department of Public Health, Advance Data: Births, 1992.

Premature Births by Mother's Age and Race/Ethnicity

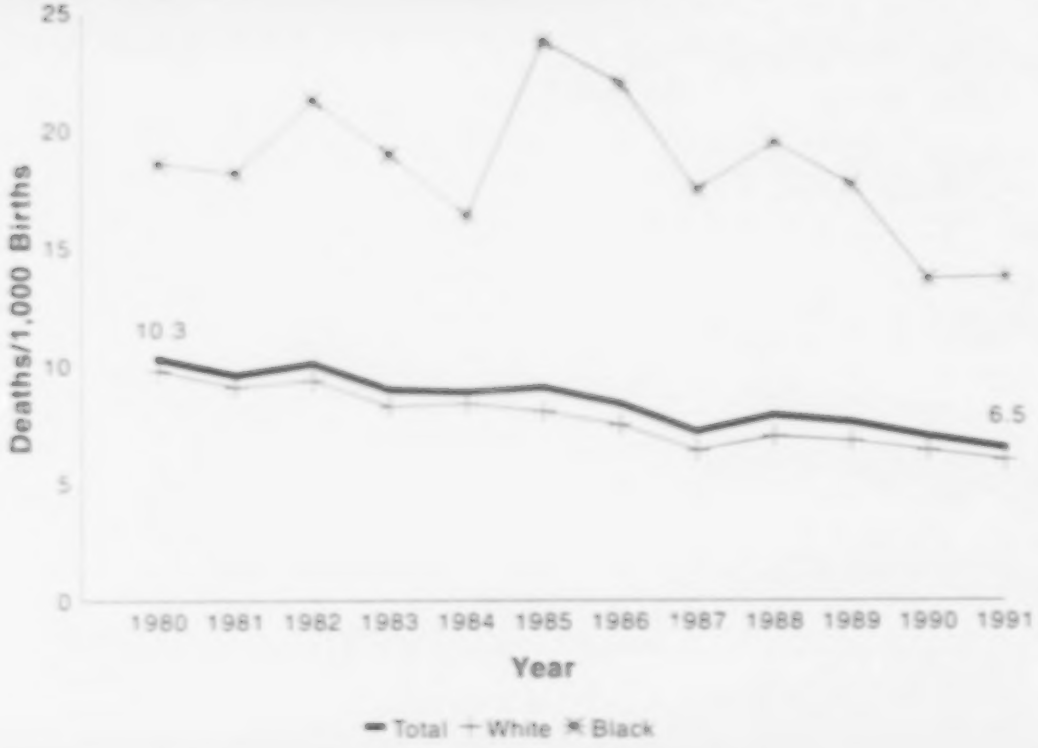
Premature births occur before 37 weeks gestation, and put infants at risk for low birthweight, respiratory distress, developmental delay, and other harmful conditions. Of all births in 1991, 6.8% were premature. Black women had premature babies more than twice as often as white women; Hispanic women 43% more often. Of births to teen mothers, 8.9% were premature.

	Number and Percent of Premature Births by Race/Ethnicity											
	White*		Black*		Hispanic		Asian*		Other*		TOTAL	
Mother's Age	#	%	#	%	#	%	#	%	#	%	#	%
< 18 years	88	7.3	64	14.3	96	11.5	11	14.5	5	8.6	264	10.0
18-19 years	194	7.4	70	11.6	79	8.5	5	4.3	6	6.9	354	8.2
TOTAL < 20	292	7.4	134	12.7	175	9.9	16	8.3	11	7.6	628	8.9
20+ years	3,836	5.9	729	12.9	548	8.2	191	6.2	56	7.0	5,360	6.6
TOTAL	4,128	6.0	863	12.9	723	8.6	207	6.3	67	7.1	5,988	6.8

*non-Hispanic

Data: 1991

Infant Mortality Trends by Race



Infant mortality is defined as the death of a child under one year old, and is considered a highly sensitive indicator of a community's general well-being. While the infant mortality rate in Massachusetts dropped nearly 37% from 1980 to 1991, the overall rate of 6.5 (deaths per 1,000 live births), masks profound and persistent racial and ethnic disparities.

Infant, Neonatal and Postneonatal Mortality by Race/Ethnicity

Race Ethnicity	Infant Deaths		Neonatal Deaths		Postneonatal Deaths	
	Number	Rate	Number	Rate	Number	Rate
White*	380	5.5	265	3.9	115	1.6
Black*	101	15.0	72	10.7	29	4.3
Hispanic	80	9.4	53	6.2	27	3.2
Asian*	14	4.2	10	3.0	4	1.2
Other*	1	—	0	—	1	—
TOTAL	576	6.5	400	4.5	176	2.0

*non-Hispanic

Data: 1991

The 1991 infant mortality rate for black babies was 15.0 – almost three times as high as for white babies (5.5). For Hispanic babies, it was 9.4 – nearly twice as high as for whites.

Uninsured Massachusetts Residents

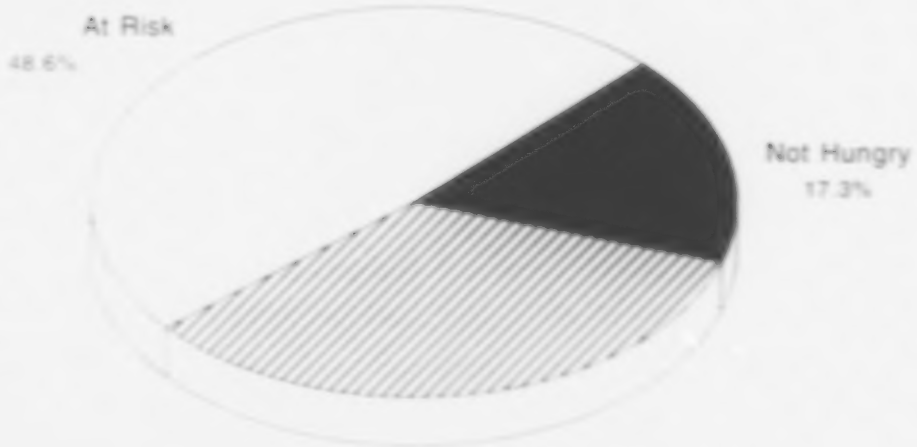
Approximately 8% of all Massachusetts residents did not have health insurance in 1989; 91,000 of them – 20% of all uninsured – were children under 18 years old.

Age Group	Number of Individuals	Percent of Uninsured	Percent of Age Group Uninsured
17 and Under	91,000	20	7
18 - 64	350,000	77	9
65 and Above	7,000	2	1
Not Sure/Refused	7,000	2	6
TOTAL	455,000	101*	8

*Does not equal 100% due to rounding.

Data: 1989

Poor Families Facing Hunger



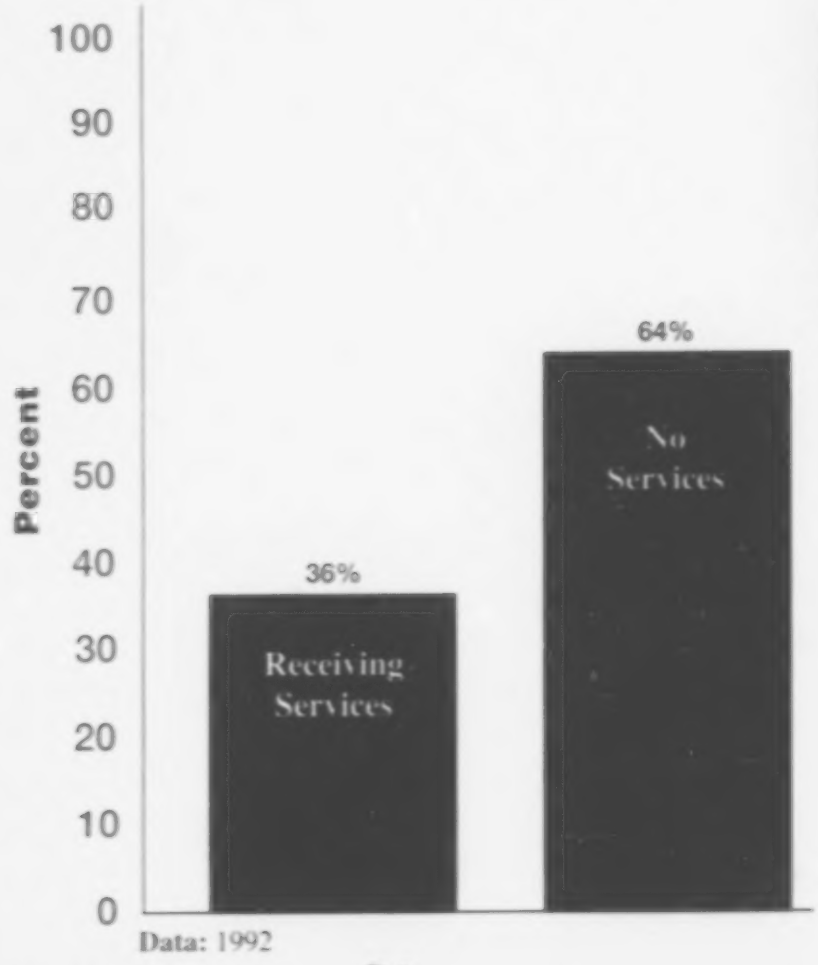
Data: 1991

N = 330

A statewide survey of low-income families in 1990-91 found that nearly 200,000 children under age 12 were hungry or at-risk of hunger.

Medicaid-Eligible Children Not Receiving EPSDT Services

In 1992, of the nearly 400,000 Medicaid-eligible children ages 0-20 who should have been receiving early and periodic screening, diagnosis, and treatment (EPSDT) services, over 64% received none, and less than 2% were even referred for some type of corrective treatment.



Source: Commonwealth of Massachusetts, Medicaid Management Information Systems, Annual EPSDT Participation Report, 1991-92.

EDUCATION

"In the next decade, children will continue to come to school as they are today, increasingly brown and black, certainly poorer and more than likely not ready for school.... We must embrace the notion that all children can and will learn and that, to a great extent, it is the school and not the children who will make the difference."

Dr. Peter J. Negroni
Superintendent, Springfield Public Schools

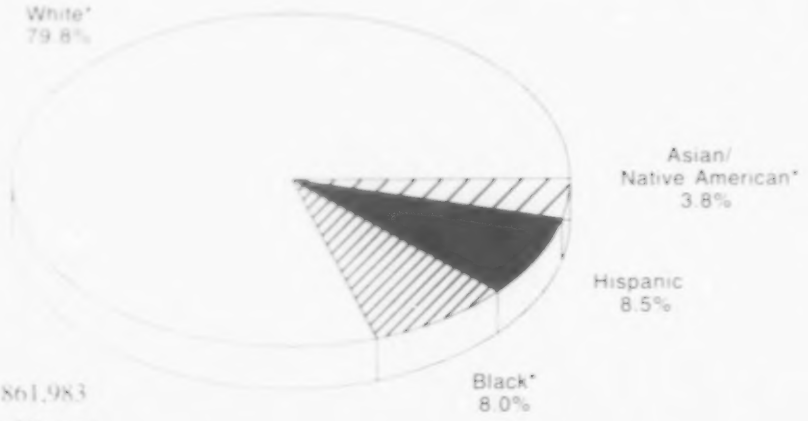
Around 860,000 children were enrolled in public schools in Massachusetts in 1992-93, far fewer than in 1980, when over a million children attended public schools. Only about three-quarters of these students will ultimately graduate, and alarming trends show that many school systems are not coping well with an increasingly diverse population. Rather, a variety of exclusionary practices have developed that do not serve all our children well and result in lifelong negative consequences for minority students in particular.

Retention at grade level – once considered a useful way to assure remedial help, but now widely acknowledged as a predictor for dropping out of school – is used more frequently in racial and ethnic minority populations. So are school suspension practices, especially for out-of-school suspensions. And although 17.4% of all Massachusetts children receive some form of special education services, the type of program they receive and the degree to which they are mainstreamed varies widely depending upon their race and ethnic background.

In sum, grade retention, suspension, and segregated special education placements – taken separately and/or together – can all culminate in experiences that are extremely harmful to minority students, and contribute to pushing out this rapidly growing segment of the Massachusetts school community. Accordingly, it is not surprising that dropout rates show dramatic differences by race and ethnicity. If these patterns remain unaddressed, they will produce serious problems for the Commonwealth in the future.

Educational denial has many social costs. Young adults who do not finish school are three times as likely to live in impoverished households. These former students become entrapped in marginal, low-paying, and often part-time jobs, and utilize public assistance and other public services to an extent disproportionate to their numbers in the general population. In addition, significant costs in lost tax revenue, crime and crime prevention, and unemployment and welfare expenditures are all attributable to students who do not complete public education.

Public School Students by Race/Ethnicity

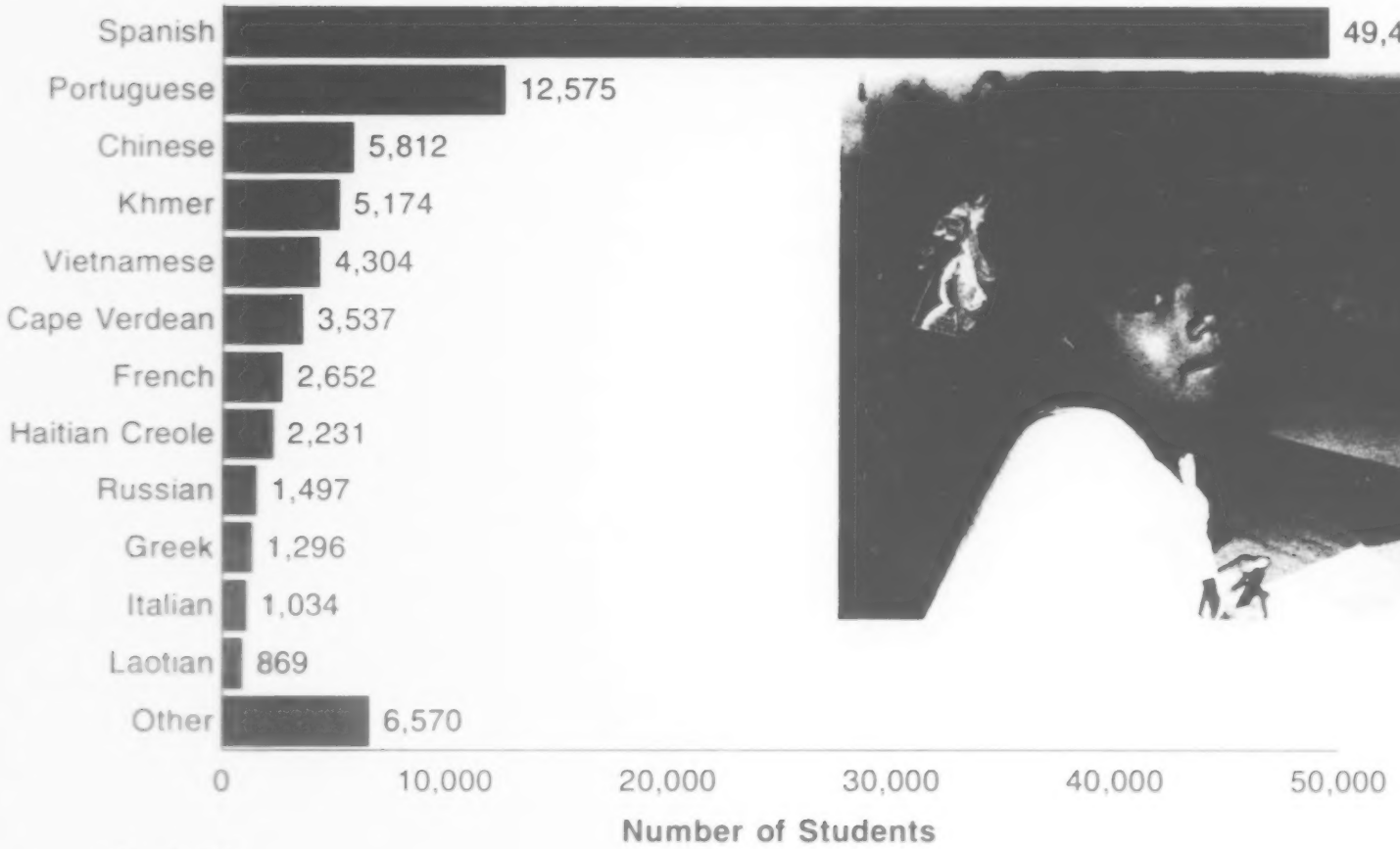


N = 861,983
*non-Hispanic
Data: 1992-93

Of the overall Massachusetts school population in 1992-93, 8.5% of students were Hispanic; 8.0% were black; and 3.8% were Asian or Native American.

Students Ages 3-21 Whose First Language is Not English

Of total public school enrollment, 96,981 students spoke English as a second language; half of these students were Hispanic.



N = 96,981

Data: 1992-93

92 93

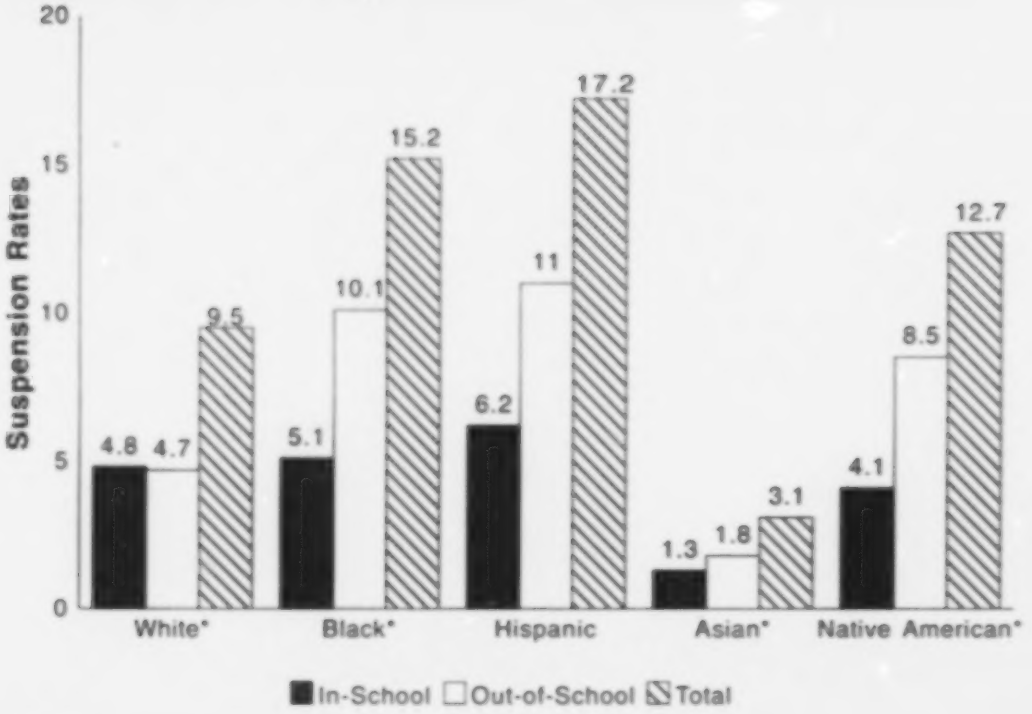
Students Retained in Grade by Race/Ethnicity

	Number Retained	Number Enrolled	Percent Retained
Grade Level Grouping			
Grades PK-3	5,645	292,928	1.9%
Grades 4-5	379	129,856	0.3%
Grades 6-8	2,246	183,097	1.2%
Grades 9-12	9,464	230,170	4.1%
Race/Ethnicity			
White (non-Hispanic)	10,159	673,172	1.5%
Black (non-Hispanic)	3,378	65,226	5.2%
Hispanic	3,402	67,076	5.1%
Asian	646	29,157	2.2%
Native American	149	1,420	10.5%
Sex			
Male	10,784	429,550	2.5%
Female	6,950	406,501	1.7%
TOTAL Grades PK-12	17,734	836,051	2.1%

Data: 1991-92

Black and Hispanic students were retained in grade almost three and a half times more often than white students.

Suspension Rates by Type and Race/Ethnicity



* non-Hispanic
Data: 1991-92

Black and Hispanic children were suspended from school at almost twice the rate as white students. Minority children also experienced out-of-school suspension far more frequently than in-school suspension; only whites have similar in- and out-of-school suspension rates.

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Special Education Students by Program and Race/Ethnicity

Program PrototypeS	Race/Ethnicity White*	Black*	Hispanic	Asian*	Native Amer.*	TOTAL Number
502.1 Modified	13,739	1,055	797	115	14	15,720
502.2 Integrated	61,029	4,718	3,846	698	86	70,377
502.3 25%-60% Separate	16,387	2,736	3,018	225	40	22,406
502.4 Separate Teacher	16,649	3,872	3,443	313	38	24,315
502.4i Separate Facility	1,829	392	324	21	5	2,571
502.5 Day School	2,975	729	365	41	3	4,113
502.6 Residential	744	51	51	15	0	861
502.7 Home or Hospital	562	111	55	6	1	735
502.8 Pre-School	5,622	500	428	82	2	6,634
TOTAL	119,536	14,164	12,327	1,516	189	147,732
Percent within Race/Ethnicity	17.4%	20.6%	16.8%	4.9%	13.7%	17.1%

*non-Hispanic
Data: 1991-92

Over half of Hispanic, and nearly half of black, special education students were placed in programs that separated them from non-special education students 25% or more of the school day. Less than a third of white special education students were placed in such settings.

Dropout Rates by Grade and Race/Ethnicity

	Number Enrolled	Number of Dropouts	Annual Rate	Projected 4-Year Rate
Grade				
Grade 9	62,685	2,348	3.7%	15%
Grade 10	58,425	2,723	4.7%	–
Grade 11	55,555	2,559	4.6%	–
Grade 12	53,505	1,652	3.1%	–
Sex				
Male	117,368	5,333	4.5%	17%
Female	112,802	3,949	3.5%	13%
Race/Ethnic Group				
White*	186,880	5,711	3.1%	12%
Black*	18,156	1,352	7.4%	26%
Hispanic	16,681	1,858	11.1%	36%
Asian*	7,914	335	4.2%	16%
Native American*	539	26	4.8%	18%
TOTAL Grades 9-12	230,170	9,282	4.0%	

*non-Hispanic
Data: 1991-92

Overall during the 1991-92 school year, 9,282 students in grades 9-12 dropped out of public schools in Massachusetts. Projected four-year dropout rates are: 36% of Hispanic students; 26% of blacks; 18% of Native Americans; 16% of Asians; and 12% of whites. This means that more than a third of ninth grade Hispanic students, and more than a quarter of ninth grade black students, are projected to drop out of Massachusetts public schools before they have a chance to graduate.

SAFETY & SECURITY

"The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing when we save our children, we save ourselves."

Margaret Mead

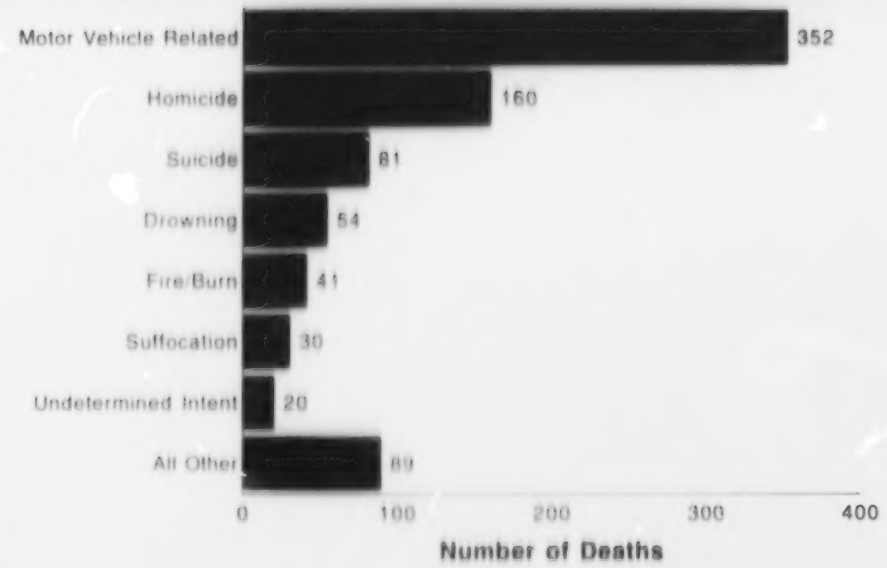
The safety and security of children is a serious concern to all families and communities in Massachusetts. Firearms and motor vehicle accidents are the leading contributors to injury-related deaths among children 19 years old and under. In addition, far too many of our children encounter difficulties with the criminal justice system.

Nationally, only 16% of arrests are of people under age 18. However, juvenile crime is a major problem in the Commonwealth and for the institutions created to prevent and correct juvenile misbehavior. Trend data show an increase in the number of children committed to the Department of Youth Services (DYS) over a thirteen year period, with a marked 7% increase between 1992 and 1993. Moreover, of new DYS commitments during 1993, 41.9% involved offenses against persons.

As alarming as the data on injury-related death and juvenile offenses are, it is important to note that children are overwhelmingly the victims of violence rather than its perpetrators. In 1992, over 7,000 children were physically or sexually abused.

The injury-related death, juvenile offense, and child abuse data presented here represent preventable tragedies. These situations can **and** must be addressed through adequate violence prevention programs and a strong social services structure.

Injury-Related Deaths of Children 19 and Under

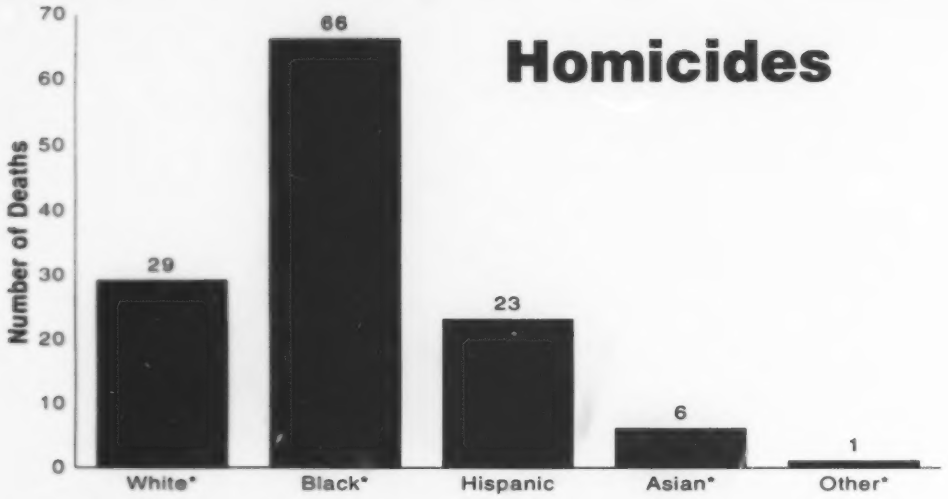


Between 1989 and 1991, 827 children lost their lives from injuries. The leading cause of death was motor vehicle accidents, with homicide and suicide the second and third leading causes.

N = 827
Data: 1989-91

Homicide and Suicide Deaths of Children 15-19 by Race/Ethnicity

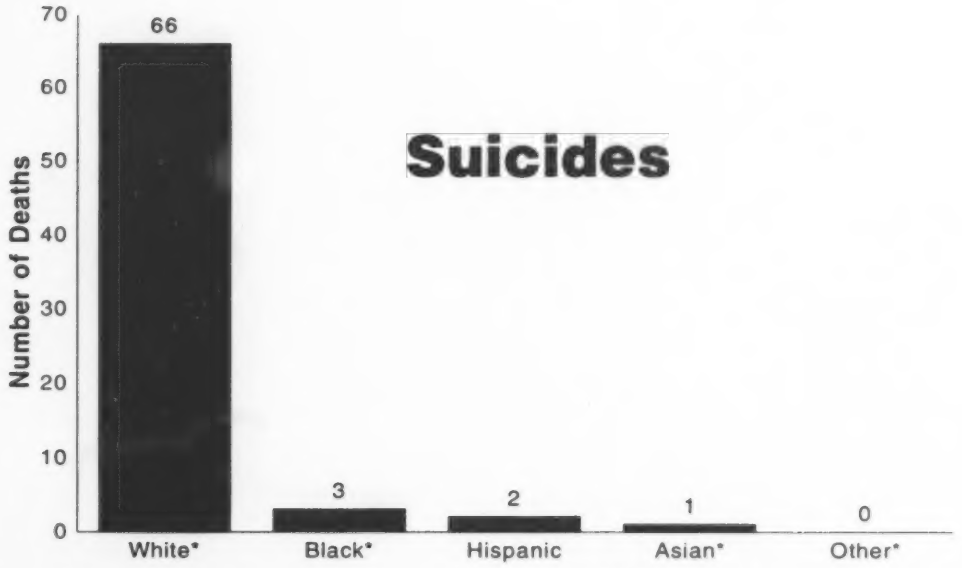
Significant racial disparities exist in homicides and suicides. While half of all homicide deaths occurred to blacks, more than 90% of suicides were among white youth.



N = 125

* non-Hispanic

Data: 1989-91



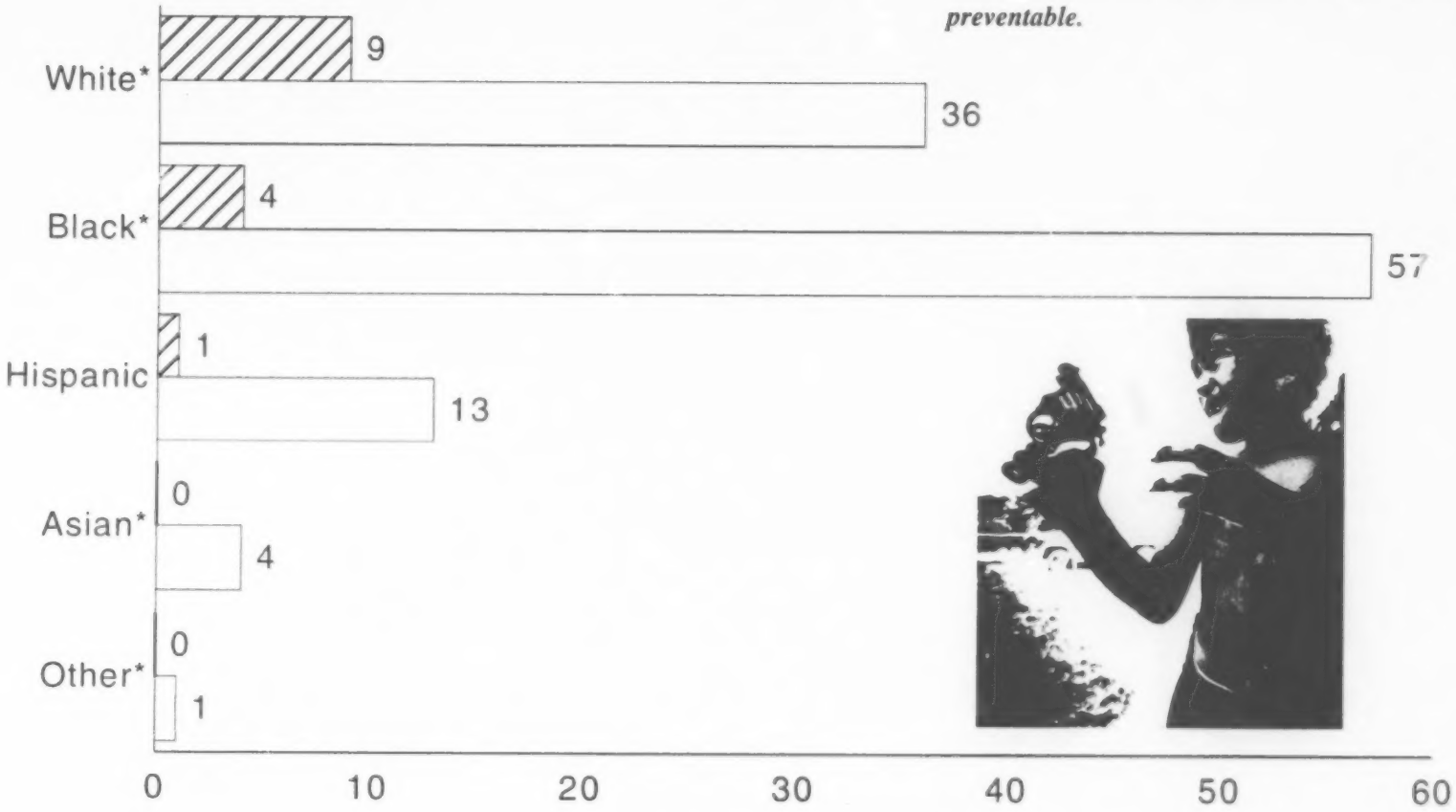
N = 72

* non-Hispanic

Data: 1989-91

Firearm Deaths of Children by Race/Ethnicity

The presence of firearms in the community contributed significantly to injury-related deaths among children. At least some of these 125 deaths were unintentional, and almost all were wholly preventable.



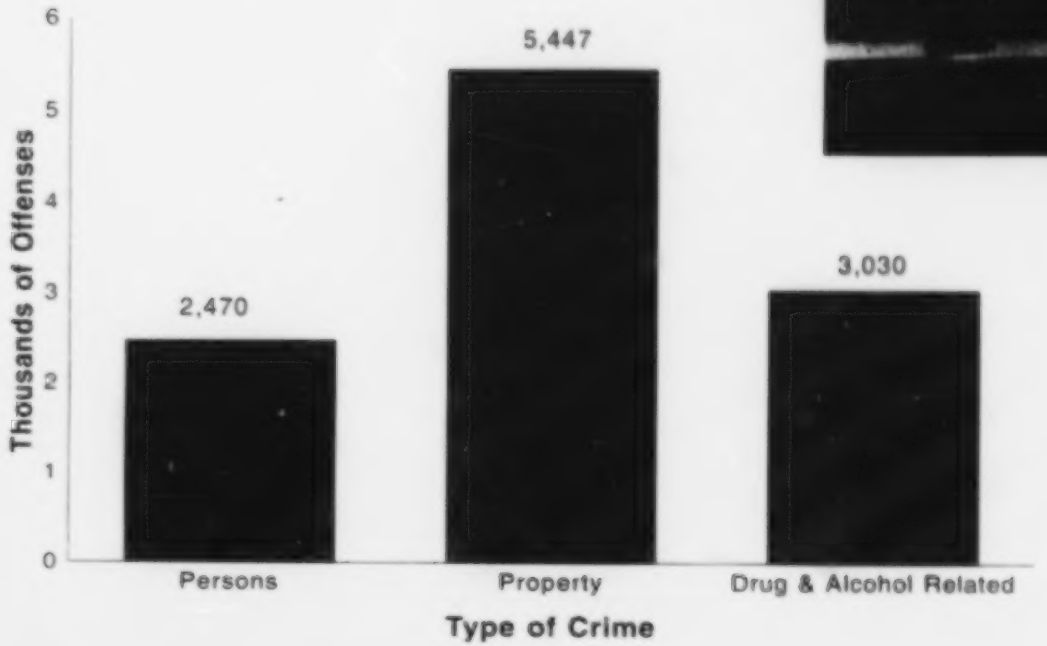
N = 125

*non-Hispanic

Data: 1989-91

Juvenile Offenses by Type

In 1991, there were 10,947 juvenile offenses recorded, with crimes against property the most common, and crimes against persons the least common. The vast majority of offenses – 71.8% – were committed by white children.



N = 10,947
Data: 1991

Youths Newly-Committed to DYS Custody by Age and Race/Ethnicity

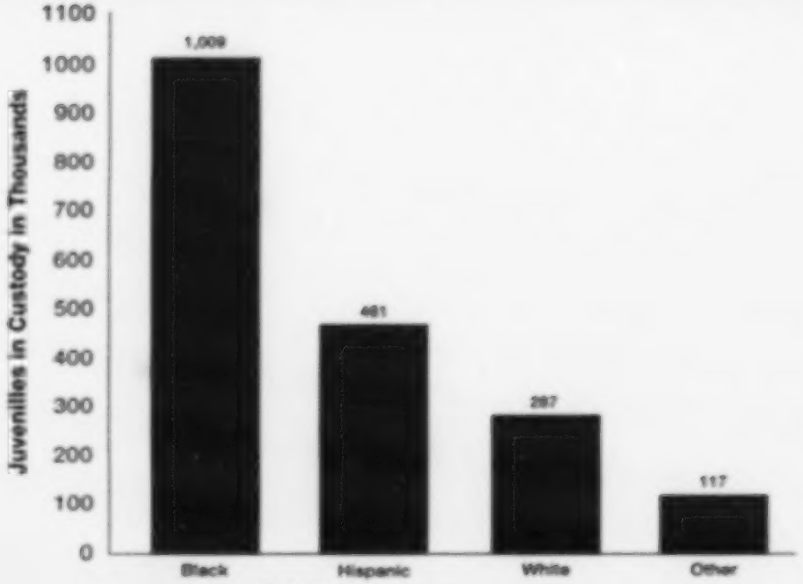
	MALES		FEMALES		TOTAL	
	N	%	N	%	N	%
AGE IN YEARS						
9.0 - 12.5	7	0.8	0	0.0	7	0.8
12.6 - 13.5	32	3.7	1	1.7	33	3.6
13.6 - 14.5	108	12.4	13	22.4	121	13.0
14.6 - 15.5	225	25.8	16	27.6	241	25.9
15.6 - 16.5	267	30.7	19	32.8	286	30.8
16.6 +	232	26.6	9	15.5	241	25.9
RACE/ETHNICITY						
White*	449	51.5	28	48.3	477	51.3
Black*	261	30.0	22	37.9	283	30.5
Hispanic	102	11.7	7	12.1	109	11.7
Other*	59	6.8	1	1.7	60	6.5
TOTAL	871	100.0	58	100.0	929	100.0

* non-Hispanic

Data: 1993

Despite the fact that the overwhelming number of offenses are committed by white youth, new commitments to the Department of Youth Services show a disturbing trend in racial disparity.

Juveniles in Custody in the U.S. by Race/Ethnicity



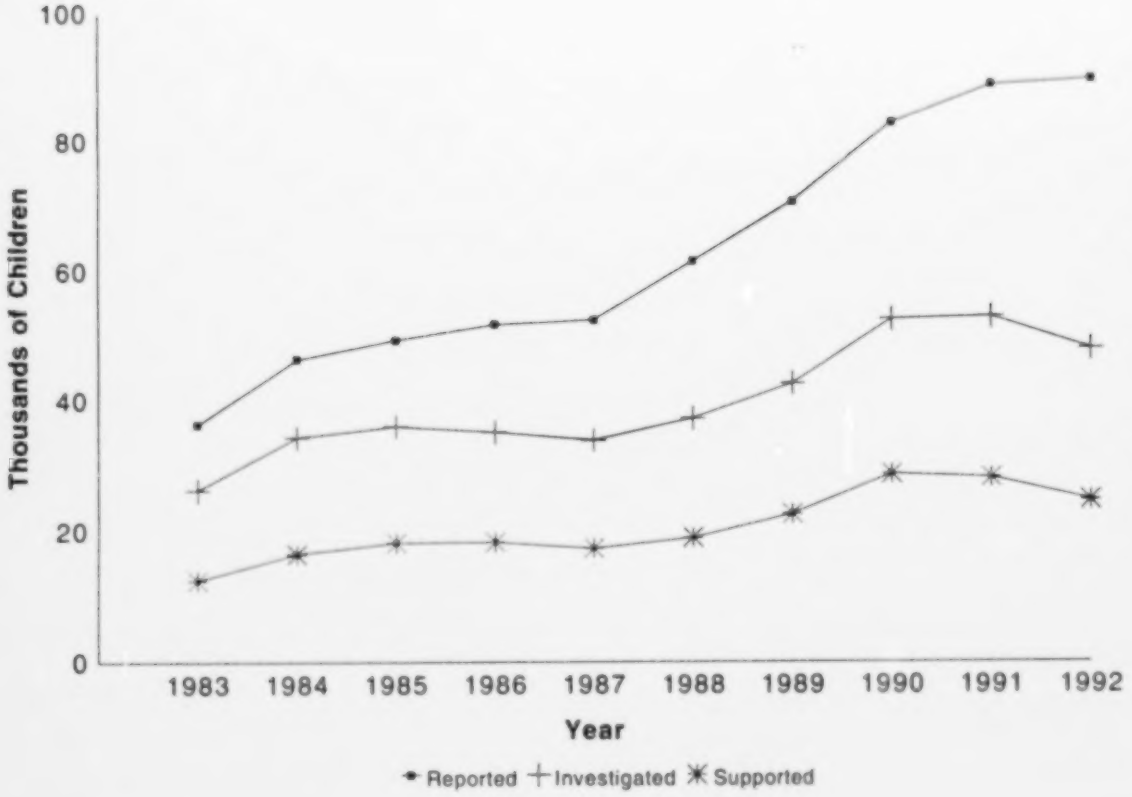
Massachusetts data with regard to racial disparities in DYS settings mirrors national data, which also demonstrate that minorities are more likely than white youth to be arrested and detained for the same charges.

Source: National Council on Crime and Delinquency, Images and Reality: Juvenile Crime, Youth Violence, and Public Policy, 1994.

Data: 1991

Maltreated Children

During 1992, the Massachusetts Department of Social Services (DSS) received 89,592 reports alleging that 61,412 individual children had been maltreated. Of those cases investigated, 24,601 – 51.3% – of the allegations were supported. DSS opened cases on 12,115 families, 68% because of supported investigations of maltreatment; and 32% as a result of voluntary requests for services, court-ordered CHINS (Children in Need of Services), and other referrals.

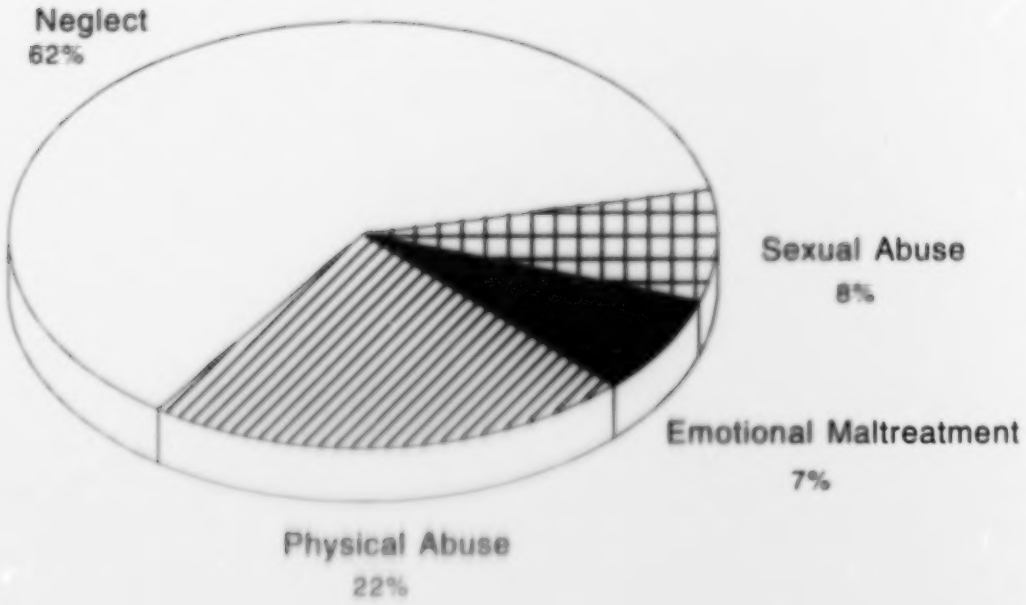


112

113

Maltreatment Cases by Type

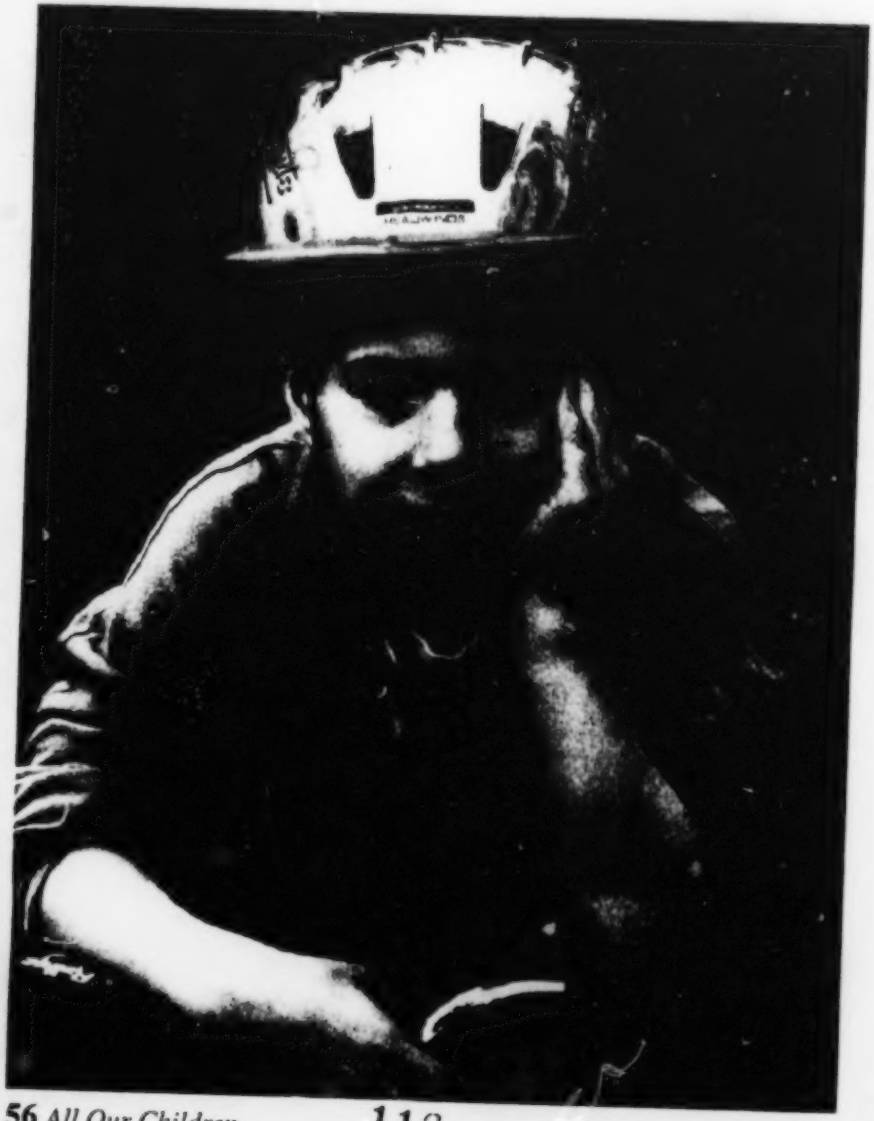
In cases of children found to be maltreated, 6,562 involved physical abuse; 2,450 sexual abuse; and 2,192 emotional abuse. More than half of all DSS-supported cases involved white children; 18% black children; 16% Hispanic children; and 10% Asian and other race/ethnicities.



N = 29,511. Percents do not add to 100 due to rounding.

Data: 1992

CONCLUSION



56 *All Our Children*

"The old notion that people can 'keep themselves to themselves' and not be touched by what is happening to their neighbors, or even to people who live a hundred miles off, is a most dangerous mistake."

George Bernard Shaw

*In this **Massachusetts KIDS COUNT 1994** report, we have presented demographic data, facts on the economic well-being of children and their parents, information on family life, health and educational outcomes, and numbers relating to children's safety and security. We have shown both troubling disparities by factors such as race, ethnicity, and class; and how changes in our state's social, economic, and political structures have contributed to a collective deterioration in the status of young people generally across the Commonwealth.*

Data, by its very nature, documents concrete, quantifiable events. Accordingly, many attempts to describe the status of children through data collection and analysis focus on problems, failures, and negative consequences. What we cannot do at this time is document the strengths, assets, and unrealized potential we know all our children possess. We cannot show who, among the 125 children killed by firearms between 1989 and 1991, might have been teachers, artists, scientists, or doctors. We cannot demonstrate who, among the under- and unemployed, might make significant contributions to society as workers, parents, or community leaders. Nor can we prove, through the mere presentation of trend data, how much more productive and healthy our communities would be if all our children were protected from the ravages of poverty, abuse and neglect, and inadequate support systems.

*What we can unequivocally state, however, is that we are failing miserably to provide the fundamental opportunities all children need and deserve, and that our failure represents a terrible loss to the individual children themselves, their families, and all of us. That we can do better is clear. Whether we will do better in 1995, and beyond, depends upon judgments that must be made by every resident of the Commonwealth. The purpose of **Massachusetts KIDS COUNT 1994** is to enlighten – and help shape – such a public discourse.*